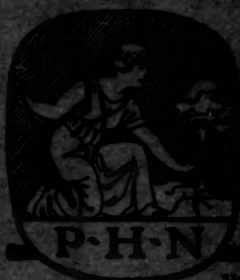


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# The PUBLIC HEALTH NURSE



VOL. XIV

APRIL, 1922

No. 4

## A FIELD STUDY OF GENERALIZED and SPECIALIZED NURSING BY ELIZABETH ROSS

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# The PUBLIC HEALTH NURSE

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## EDITORIAL

### THE REVISION OF THE CONSTITUTION AND BY-LAWS

THERE appears in this number of the magazine the draft for the revision of the Constitution and By-Laws as suggested by the Revision Committee and the Executive Committee; the entire Constitution and By-Laws as revised at Atlanta and effective since then; and a statement from the Chairman of the Revision Committee explaining the main points of difference and the reasons for the revisions considered necessary by these two Committees.

Since By-Laws determine the form of an organization, it is the hope of these committees that every member of this Organization will study carefully these three articles and come to Seattle prepared to vote so that the By-Laws as finally adopted will represent the wishes of the members. As President may I urge each member of the Organization to give this subject her thoughtful consideration?

—Elizabeth Gordon Fox

Note—Draft of the revision will be found in the Organization Activities, page 102.

### THE SALARIES OF NURSES IN GOVERNMENT SERVICE

THAT the Nurse Corps of our Army, Navy and U. S. Public Health Service shall be of a quality surpassed by no other body of nurses in the country, should be the desire of every nurse who believes that the work of the Government should be fully as efficient as that of private organizations and that our armed forces and disabled ex-service men should have the best skilled care the nation can give.

While we would be loath to think that salary alone determines the quality of any nursing service, we know that oftentimes the most public-spirited and humanitarian-minded nurse is forced, because of family obligations and for other entirely unselfish reasons, to take the matter of salary into consideration.

The salaries of the Army and Navy and U. S. Public Health Service Nurse Corps will automatically revert to the 1918 schedules unless the Service Pay Bill, commonly known as the McKenzie Bill, now before Congress, is enacted.

This bill is designed not only to equalize pay among the various serv-

ices but to provide a slight increase over the schedules of 1918, although falling short of the temporary increase they have been enjoying for the past two years. The bill is based upon the following principles for all in the services:

*First*—That length of service should be a controlling factor in determining rates of pay.

*Second*—That there should be an element in the compensation of an officer which would increase or decrease the total compensation as the cost of living increased or decreased.

*Third*—That the conditions under which an officer lives are so dissimilar to those existing in civil life that some extra compensation should be allowed to enable him to care for his family under those conditions.

*Fourth*—That a junior officer requires somewhat less in the matter of living conditions than older officers.

The total compensation of officers is made up of two parts: pay proper with longevity, and the other subsistence and rental allowances which will fluctuate from year to year as subsistence and rental costs fluctuate.

The bill carries a substantial increase in the total emoluments of nurses. Their pay periods embrace each three years of service. During the first period their annual pay is \$840; the second, \$1080; the third, \$1380; and from the fourth on, \$1560. In addition to their pay as nurses, superintendents receive \$2500; assistant superintendents and directors, \$1500; and chief nurses, \$800 per year. Nurses are also given the same allowance for subsistence and quarters as are authorized for officers serving in the first pay period.

In the general re-adjustment to be effected by the bill an actual saving over the 1923 Budget is assured. In fact, it can be shown that eventually the proposed bill will cause

less drain upon the national treasury than if the 1908 schedule were continued in operation.

It goes without saying that efficiency and a high *esprit* cannot be maintained in the service on a pay schedule that is insufficient to provide even the ordinary comforts to which one is accustomed. It is a matter of concern to all of us that our representatives in the national military body should be truly representative of the best in our profession. In order that these public servants, who in accepting a commission in the Government give up all thought of attaining financial success, may maintain themselves with reasonable comfort, Congress can and should pass the bill now under consideration.

The Board of Directors of the National Organization for Public Health Nursing has not had an opportunity to consider and endorse this bill, but as an individual officer, feeling that I voice the sentiment of the Board, I wish to call the attention of our readers to the bill and to bespeak your active support in its behalf, urging that you get in touch with your representatives in Congress in both House and Senate and tell them this measure has your support. It would be well to write also to Senator J. W. Wadsworth, Jr., and Representative J. C. McKenzie, the sponsors of this bill, to tell them that you are for it.

—Elizabeth Gordon Fox

#### GIFT TO CHICAGO VISITING NURSE ASSOCIATION

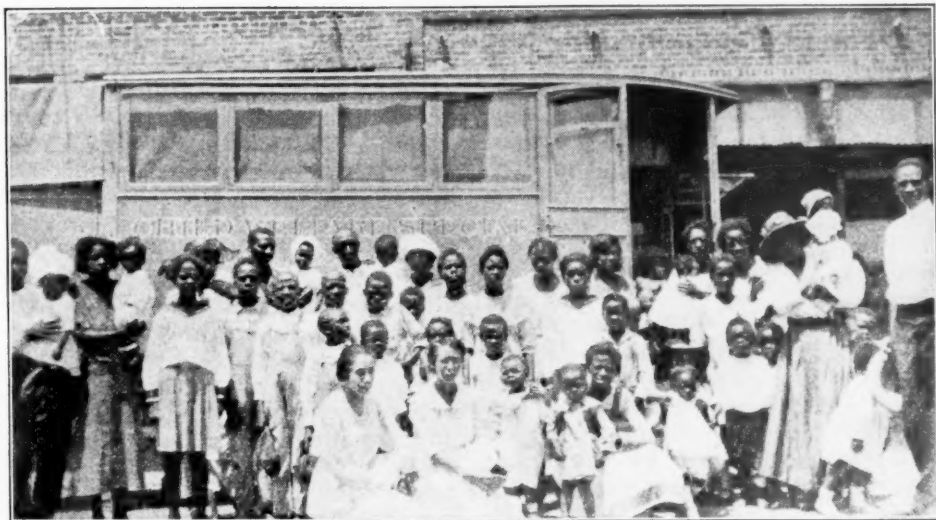
The Visiting Nurse Association of Chicago has just been given the annual income from \$35,000.00, the whole of which is to be spent for scholarships for the nurses on the staff. One annual scholarship of \$1,200.00 is to be open to any nurse eligible; the remainder will be spent in scholarships to the shorter courses, traveling scholarships or similar work. They may be assigned to any member of the nursing or office staff, or they may also be competitive.

These scholarships will be known as "The Harriet Hammond McCormick Scholarships" and are given partly by her Estate, partly by her husband, Cyrus Hall McCormick, the latter having increased the original bequest of \$25,000.00 to \$35,000.00.



## "DAR, DAR, CHILE, IT'S CUM"

By MARIE McKAY  
Red Cross Public Health Nurse  
Magnolia, Columbia County, Arkansas



Uncle Sam's Big Truck was Parked on the Square.

A YOUNG negro man had a fine mule. It had a chronic illness. The man lived away out in the country away from medical aid. He had heard of an "Uncle Sam," so he wrote to him at Washington to know what to do for his mule. *Uncle Sam* sent the advice, in pamphlet form, that cured his mule.

Later the negro married, still living away from medical aid. In the course of time a baby came in the family. This baby had an illness also. When thinking of Uncle Sam and his cure for the mule, the negro, with much faith, wrote again asking what to do for the baby. *Uncle Sam* wrote back this time that he had nothing to tell him.

That was before the War; before men drafted revealed so many defects which, with only a little consecutive attention, could have been prevented—teeth protruding, caused from adenoids, hence mouth breathers and undeveloped jaws; and jaws of unequal size caused by the pulling of the six-year-old molars. Mothers knew of the time for the baby's first teeth to appear, but absolutely nothing of the first permanent ones. They

did not realize that the preserving of the first teeth caused the jaw to develop, and the spaces between the teeth to be uniform in size. They did not realize that by simply washing the baby's teeth, three times daily, little decays could be prevented, and that the toothbrush would keep the germs away; that a decayed tooth next to a good tooth, or to a new one just coming through, would contaminate it, just as a rotten apple would contaminate a good one close to it, and both would soon be bad.

The mother did not realize that the ounce of prevention in health matters—the yearly inspection of her child to see that he was physically fit—would not only help him through his babyhood and childhood, but also that her child's body was its Mind's house, and that by keeping the body fit to be the home of the brain a much brighter mentality would be the result.

Her child's eyes were looked upon with little concern. If one were weak she did not realize that it was just the same as if you were driving an unevenly matched pair of horses, one strong and healthy, one weak, little

and scrawny; the little one could not keep up, the bigger one wore itself out in the endeavor to stay back with the smaller one. What did she know of a child's anatomy, his tissue ability? She learned reading, writing, and arithmetic, it is true, but did she learn that the body had certain functions to perform, that these functions were controlled by food, and that certain foods were only good for certain functions? Did she learn how the body cared for its excess of fat or did she learn how the body eliminated its waste? Did she know that a man should eat more food if he were a hard working man, that he needed less if he did not exercise so much? Did she learn that the child fought its battles on its stomach and that food was the ammunition for the fight? Did she ever think that a man could plow all day, using heavy instruments, but that a boy could work only with lighter instruments and not so long, that his arm and limb muscles could stand only just so much? Did she know that the child's stomach tissue was quite in keeping with the rest of his body, that the food prepared for an adult was no more fitting for a child than a big, man-size plow was for a ten-year old child?

Uncle Sam, in the examination of his soldier sons, thought of other things. He thought of their feet, and wondered if mothers knew that their children would spend two-thirds of their lives in shoes, and if they knew that their walk in life would depend quite a bit upon their feet—that short shoes and misfitting stockings caused ingrowing toenails and enlarged joints.

These questions, with many others, were registered by the government and hence all over the country, as a post-war public health program, the ounce of prevention used in time has been preached. But only when one has worked in an inland town only slightly educated to the need of better babies, of better homes and educated parents back of the babies in the homes, can one see and hear, with the appreciation that is due, the say-

ing of the old colored Mammy, as she held up her grandchild and said, looking upon the *Child Welfare Special* sent out by the U. S. Department of Labor in Arkansas, "Dar, Dar, Chile, it's done cum!"

It did come, long looked for and much wanted! It came to a rural county, one only slightly educated in health matters—came to one where the Public Health Nurse the year before in an endeavor to educate them to better babies, had held township infant-welfare days. She had been fortunate in securing an Infant Welfare Chairman, who went with her and helped to call a meeting of the parents in the neighborhood and enlisted their interest in calling others to a meeting place at the township school. They went into some of the unreachable parts of the county, taking scales upon which to weigh the babies, and were nearly always able to have a doctor from a neighboring village to examine the children. They gave instruction and left with the parents literature on child welfare. The same literature that our colored man's *Uncle Sam* had so carefully prepared on foods and their preparation, the importance of milk as a food for babies, and good books on child care, and, oh, so many of the trivial things parents need to know and just do not know where to find them.

The *Child Welfare Special*, weighing nine thousand pounds, came. It was parked on the square, as the town is built around the court-house. Parked just in front of a vacant store that was loaned for the occasion. The building had been furnished by the different business men as a temporary rest room, having a refrigerator with ice, and water to drink, water and towels for the hands, etc. Little beds with mattresses made by the mattress factory; and even an "Edison" for those who were waiting—and they did have to wait! Throngs came as soon as the doors were unlocked and were received by some of the community women, and were registered by the secretary for the truck.

The others waiting were seated, or shown posters and pictures on baby care which had been made by our now so thoughtful Uncle Sam. Posters showing the danger of unsupervised infant feeding, the danger of unscreened homes, etc., little miniature baby coops, iceless refrigerators, baby baskets, the needed and proper articles arranged on a screen for the baby's bath, (and how easily cared for during the bath!) the tub elevated on the table to the right height for the mother's convenience. They were shown so many things that could be easily made at home.

Mothers, as their turn came, entered the truck. It is quite a comfortable room with the extension back let down and lovely steps to enter. In a curtained alcove was a comfortable chair for the mother to sit on while undressing the baby. Here the nurse weighed and measured and took the early history of the infant, then handed the record to the lady doctor who sat with the efficient ease of one who knows and cares and was willing to give of her time in answering even the most trivial questions that the mother hated "to bother her doctor with," or, as the case usually is, forgot to ask when she last saw him. He had usually ridden miles to come to a home when she was intent only on immediate relief of a present illness; or possibly she had failed to ask him when she rode in town to see him, and bought the children's fall or summer clothes on the day when her husband brought his cotton in to store.

It often happened when she brought the child in to town over almost impassable roads, that she would find the doctor out, leaving her to wait hours. Waiting in unaccustomed clothes, without the comfort of a cooling fan in the summer or the cheer of a warm fire in winter, is not soothing to the disposition of a tired mother with an irritable child. But this was quite different. The Big Truck was inviting with its little windows raised and a fan buzzing merrily "Come In"! And so much to excite one's curiosity—

even little ducks, cows and toys floating in a miniature lake for the children, (they were dipped in an antiseptic solution.) She was quite free physically, and hence mentally, to ask and be told of her child's physical condition, to be told of the little things which, if done as routine, would mean the permanent foundation of strong manhood.

Dr. Francis Sage Bradley, because she is the mother of four strong girls herself and because of her intimate knowledge of rural problems, understands the needs of the rural mothers in the South, and each and every mother is made to feel that hers is the only child, and she expresses her confidence at once. The doctor gives her pamphlets on Child Care and writes in a little book the things essential for her child's development, and special foods for its diet; and then more surprises—she is ushered into a miniature kitchen, where a county agent from the Department of Agriculture shows her just how to prepare the foods which that child should eat; and the county Public Health Nurse is right there with the promise to come and see her in the home at the first opportunity—to help about any surgical attention that might be necessary, and to help her understand the doctors' instructions if she had to make another visit—for many of these cases were sent to their own physician, and no actual medical care or prescribing was done on the Truck.

The "special" was sent into the county by the Government, sanctioned by the State Health Department and sponsored in the county by the Red Cross, a special committee, and the Public Health Nurse. It remained in town for several days, the parents coming from sections near-by, and those having received the instructions of the doctor told others enthusiastically, and many more came than could be taken care of. They asked in their enthusiasm if it would be here next year. Then the *Welfare Special* moved into another town where conditions similar to the first

were found, and so on through ten counties in Arkansas.

The business men gave their time to come and see what was being done for the children.

The towns in which the truck was located were so enthusiastic that they were anxious to furnish entertainment to the staff on the Truck free. A lovely reception was given in one town. The annual parent-teachers' entertainment for the husbands invited the doctor as an honored guest, where she made a forceful talk. Another town had a splendid banquet. All of the county officials were invited, doctors, school board

directors, the county board of education, bankers, etc.

So by the presence of the *Child Welfare Special* in the county not only were the mothers and fathers having young children directly benefited but those aware of the need of child welfare work were so impressed that they went forth with a new vision and incentive. So "IT'S CUM!" The message has come to stay, with better health supervision and more co-operation. The people in this country have realized, due to *Uncle Sam's* opportune health work, that to make the child's world right will be making the man's world right, and so the future will take care of itself.

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### "PHILANTHROPIC DOUBTS"

The following letter from Mrs. Cornelia James Cannon (author of "Philanthropic Doubts," *The Atlantic Monthly*, September, 1921) to the secretary of the New Bedford Family Welfare Society was printed in the *New Bedford Sunday Standard*, November 13, 1921:

"I am sorry to be unable to come to the meeting next Monday, because I had hoped to emphasize to the friends of your association the fact that the transition from the private to the public responsibility for amelioration of social ills is not a matter of a moment, that it requires slow, careful preparation, a realignment of both the public and private groups, and can not be attempted until the whole matter has been thought through and a full understanding of all the elements involved holds out some promise that the end sought will be attained.

"Meanwhile the responsibility of all of us who are interested in the reduction of human suffering and human injustice lies, not in abandoning the private organizations which are meeting a real need, but in soberly studying that need and the private effort to cope with it and see how the two can be worked out in harmony with the ideals of democracy. One of the responses to my paper, 'Philanthropic Doubts,' most painful to me, has been the readiness of people to give up private effort without consideration of the fact that laying down the burden which they have been carrying is no achievement, indeed is a disloyalty to their humanitarianism unless they immediately devise some method of reassuming that burden as a part of a new program of social improvement. The private organization to-day offers opportunity to the thoughtful to train themselves in the ideals and conduct of citizenship, to reorient their private organization in preparation for the public assumption of responsibility, and preserve the private organization free to carry on its own legitimate work of demonstration and experiment on happier ways of living together."



# A FIELD STUDY OF GENERALIZED AND SPECIALIZED NURSING

By ELIZABETH G. FOX

*Associate Superintendent, Visiting Nurse Association  
New Haven, Conn.*

IN any discussion of the generalized nursing program as against that of the specialized, we usually find the defendants using arguments that can easily be presented to prove either side. This perhaps is the best argument for stating that both types of work are necessary and extremely valuable. At the present time, and under the present conditions, the generalized nursing plan has perhaps the most in its favor.

Every student of the nursing field recognizes that in the rural districts nothing is possible but generalized work, and for this work it is necessary to have nurses whose training is so all-round that they do not fail from any angle. In the large city organizations, where there is a large staff and the work is of necessity bound by rules and regulations because of the highly organized health departments and of the many other organizations doing various types of social work, the question of generalized and specialized nursing is a very different proposition.

It is, however, in this type of a center that the present study has been made. The organization under discussion has been in existence seventeen years, beginning with one nurse who, of course, did generalized nursing, but as the years went on, the work was developed along the specialized line. The tuberculosis work, partly because of the Anti-Tuberculosis Association and its special interest, was established as a special department. The child welfare work was first established as a separate association, but finally consolidated with the Visiting Nurse Association, which then combined general nursing, tuberculosis and child welfare. The school work was first demonstrated by the nurses of the Visiting Nurse Association, but very shortly was handed over to the Board of Health to be carried on under this municipal department. There is no question

but what the different types of nursing were more rapidly developed under their special departments; but as the time went on and the people became more enlightened and the force of nurses was nearer adequate to cover the city, it was felt by the Board of Directors and all those interested in the work that a generalized program would be a step in the line of progress.

An opportunity for study was supplied when it was decided to take three wards of the city and make a health demonstration under the auspices of the Department of Health, the Red Cross and the Visiting Nurse Association, with the Medical Association as advisers. The three wards chosen had a population of 27,000 living in a small area. The district was divided into seven small districts and a nurse placed in charge of each division. The whole work was placed under one supervisor. In planning for the demonstration, the nurses were very carefully selected, making sure that each nurse was well prepared in all lines of public health work. A study was made of the whole district and the divisions were so made as to give each nurse a little over 3,000 people. These field nurses were part of the Visiting Nurse Association, and the school work was done by the Board of Health, meaning that the field nurse did not have the charge of the school children, which greatly reduced the number of individuals under her care, but did not affect the number of families.

In the first six months of this demonstration there was a great deal of adjustment, but for the calendar year of 1921 certain very interesting figures were obtained. In the demonstration area there was one-fifth of the *population* of the whole city; the records of the Visiting Nurse Association showed one-fifth of the patients; one-fifth of the nursing visits; one-fifth of the advisory visits;

one-fifth of the clinic hours; and one-sixth of the social service visits were credited to this special district. Against the one-fifth of the work done is the figure showing that only one-sixth of the nurses of the organization were on duty in the special district, proving conclusively that more work can be accomplished in the small district by the generalized nurse, and nothing was lost in the quality of work done because of the special supervisor and the careful checking up of the child welfare and tuberculosis work.

It is interesting to note that the nurses taken for this demonstration had, in all cases, been doing specialized work and were devoted to their specialties. A year in the generalized field has changed their point of view. There is not one of the nurses that would go back to the specialized field. They feel that they have developed tremendously; that their interests are much broader because of their varied contact, and they also feel that the family is much better served because of the fact that only one nurse is responsible for the family, no matter what may be the special need.

It has been decided, after this experiment, that the rest of the city will in time be generalized, but it is being done slowly because of the question of preparing the nurses. This need has been met by establishing what has been called the "Teaching Center" taking a special part of the field where the health problems are typical of the whole city and having every nurse that comes into the organization spend some time in this "Teaching Center." These nurses are taken on the regular substitute salary but they must come under the instruction of the Teaching Center so that their technique will be uniform with the other workers of the organization. The special department has been very carefully worked out with more nurses per population than any other district. The purpose of this is to give the best possible instruction in tubercu-

losis and child welfare work. The Well-Baby conferences and Pre-school conferences are carefully established and the special supervisors pay careful attention to the development and technique of their nurses. When the nurse has spent the necessary time in the Teaching Center, she is able to do generalized work in any district under a good supervisor.

There is one other point that is interesting and significant. In general nursing of acutely sick and chronic patients, which includes of course the obstetrical post-partum work, a nurse cannot carry too many such cases without being very much overworked. In a district where a certain proportion of the work is advisory, the nurses can do a much bigger piece of work with much less strain by planning to carry a certain number of advisory cases each day. There is also a great gain in being able to carry the family as a unit, doing both advisory and bedside work with one visit. The average number of calls per day for the nurse in the generalized department is very high. For the last year their average has been about eleven a day. This would not be possible in actual bedside work, but is quite possible in a small district where both bedside and advisory work is carried along with the same families.

The criticism is always brought that the advisory work, such as the care of the well baby and the contact families of tuberculosis, are neglected in the generalized program. This has not been true of the demonstration under consideration, and need not be true if the proper supervision is given. It is always necessary to recognize the value of true education in caring for chronic patients. The nurse must recognize that it is her part to teach the home people to do every bit of work that they can in caring for the sick. One hour a day is only a small part of the twenty-four, and the nurse will do much better to spend her time in teaching the home people to give good care than she will in doing everything herself

and having the patients cared for properly only once a day. This applies not only to the chronic patients but also to the acute cases in the home.

It will never be possible to do good generalized nursing without the specialized supervisor. Somebody must be responsible for the development of each special line of work, but it is not necessary that any one branch be developed at the cost of other branches. The specialist, as the name designates, is an authority on special subjects and every good specialist must be absorbed in her own line of work. A quotation will perhaps bring the point out most clearly. "The specialist should be on tap, but not on top." This seems to me to be a fundamental truth. We do want the specialists on tap, where we can get them for consultation at any moment, but we do not want any program dominated by any special factor. Every line of nursing should be

developed simultaneously and evenly if we are to cover the field and do it justice.

It is unfortunate that there need be any debate on this question of two types of nursing. In public health work the family unit is the big problem, and it is necessary to consider the family as a whole to do really efficient work. If we do this, there is only one answer, which is generalized nursing with a sufficient amount of specialized supervision to bring in the expert when necessary. It is important that the nursing service of this country be used in such a way as to get the greatest possible result. It will be a long time before there will be more Public Health Nurses than are needed to do the work. This is one reason for the family unit plan. The other reason, which is of vastly more importance, is that in our social structure the family unit must be maintained and health workers have a great responsibility in making their work count toward this end.

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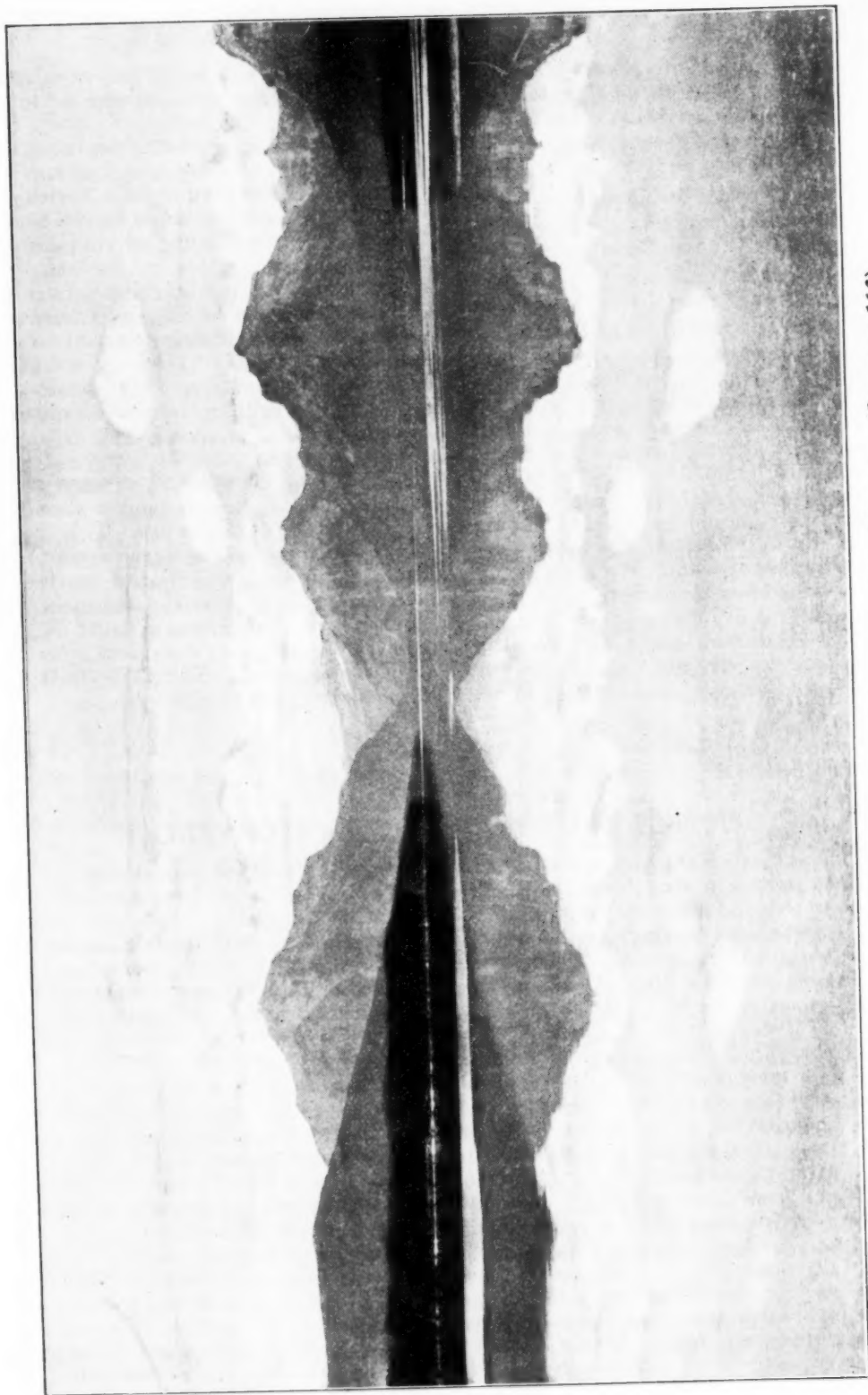
### DIPHTHERIA SHOULD BE ERADICATED

Diphtheria is the only acute infectious disease for which we possess a laboratory method of diagnosis, a means for determining susceptibility, a reliable preventive and a specific remedy.

It would seem, therefore, that diphtheria should be of as infrequent occurrence as is smallpox in well-vaccinated communities. Statistics show, however, that the case and death rates for diphtheria have shown a tendency to increase during the last four years. The year 1920 shows a total of nearly 24,000 cases and more than 1900 deaths and a death-rate of over 18 per 100,000 in New York State.

The responsibility for this condition of affairs rests in part with those parents who attempt to treat cases of sore throat with home remedies, in part with so-called drugless healers, but most of all with the physician who neglects to make use of the facilities available for diagnosis and treatment.

While the number of deaths from diphtheria in New York State has been reduced from one out of every two cases in pre-antitoxin days to one out of every twelve cases at the present time this latter figure could be much further reduced if physicians would make it a rule to take cultures in all cases of sore throat, to administer antitoxin and isolate all suspicious cases without waiting for the culture report, and to immunize all contacts with antitoxin;—actual eradication of the disease will only come by the universal use of toxin-antitoxin in all children who are shown by the Schick test to be non-immune to the disease, a procedure which can be carried out at the present time only by those who are thoroughly trained for the work.—*Health News, New York*



*Lake McDonald, Glacier National Park, Montana. (See page 113)*



## WHAT YOUR BOARD WANTS TO KNOW

By CAROLINE A. DIECK

*President, The Visiting Nurse Association  
Portland, Oregon*

THE pioneers of the first movements to conserve public health were, and are—for many continue active—the members of the first Boards. They were conscious of the sufferings of the poor and sick and not only desired to help, but realized the value of organization. This inspired the first nursing associations. With determination and self-sacrifice they have combated lack of knowledge, lack of interest and lack of money. At first only bed-side nursing was recognized, but gradually it became evident that there could be no real accomplishment until underlying causes and conditions of ill-health could be removed.

In the eleven years of my connection with the Visiting Nurse Association of Portland, the idea of nursing service has changed radically, as well as the methods of operation. Gradually in the reports advisory visits have been recorded and now preventive efforts through education are most important. In these years the Board has had to adopt a new point of view toward its work and to embrace the standards of the older eastern nursing associations. In the meantime large public health nursing organizations have come into existence with a large army of graduates of public health courses. The present boards, though composed of individuals who may feel a social obligation, are not themselves equipped with public health training. Some have read widely, it is true, and readily receive new theories of social service.

To accomplish the best results it is first of all important that a nurse executive should share her technical education with her board. In other words, she should regard herself as an expert adviser. She should suggest an orderly program of development to meet the needs of the community, and of curtailment also, if for any reason the work is seen to be grow-

ing too fast or to be too heavy for the finances.

To be able to propose such a plan, she must have a clear knowledge of the scope of her own work and of the function of other local organizations doing allied work, so as to co-ordinate without overlapping. A familiarity with state and city laws regarding health and health institutions is essential to the plan also.

The nurse should present to the board standardized records and forms best fitted in her judgment for the various branches of the work. It is not to be expected that she should comprehend the intricacies of cost-keeping, but if she understands the significance of the distribution of expense and the cost per visit, she will make her work more valuable and more satisfying to herself.

It is important that a board should know the attitude of the public evidenced in the contact of the nurses with individuals, clubs, churches, etc. The good-will thus obtained directly affects the financial support given the movement and makes growth possible.

Most welcome to the ears of the board are the recitals of those dramas that come to every nurse in her daily visits. There is danger of losing interest by making a purely statistical report and through these human-interest stories one feels the result of past efforts, and any sacrifice is worth while. Sleepy board members always waken to visit in a vicarious way the bedside of a patient with the nurse. The members wish to be informed concerning their nursing staff, personnel, welfare and individual activities.

After the summary of the types of things a board wants to know, it may be asked: Why a board? And I shall answer according to my conviction that the conservation of public health is a function of the government; and ultimately the government will administer the work begun and fostered by

private organizations. Till that time these lay workers will sustain the nurses by their strength and enthusiasm. I have said enough to indicate how that interest may be stimulated.

In a small but not unimportant way here is an opportunity to cultivate that social consciousness which alone can save this civilisation of ours from disintegration.

### A TRAVELING PHONOGRAPH

Early last summer our Nurse Association had an Auction Party, and with the proceeds bought an inexpensive Victrola and some ten dollars' worth of records. These, with gifts from friends, made quite a good collection. Our plan was to lend the machine and records to the sick, to shut-ins and to those at some distance from any amusement center. There are many such in our wide-spread town who face each fall a long, lonely winter.

As a test of popularity, before sending it to a private family, we had our nurse carry the phonograph to the Town Home. The matron and warden received it with warm appreciation and agreed to christen it at a Sunday concert. Thinking that those to whom the instrument would be lent would be mostly of advanced years and supposedly of sober tastes, we had used considerable care in selecting records and had bought a good number of sacred selections well sung, and several old-time favorites such as "Silver Threads Among the Gold," "Believe Me If All These Endearing Young Charms," and "Flow Gently, Sweet Afton." We hoped these records would be especially liked at the Town Home. Imagine our consternation to learn that the Sunday concert was a flat failure, that the residents of the Home condemned our old-fashioned tastes and expressed a wish to hear some up-to-date jazz! Worse than this, Aunt Lucy had retired to her room and firmly shut the door, and Uncle Bill, who had been quite a fiddler in his younger days, had criticised adversely the tone of the instrument and the technique of Kreisler! The blow was softened by the appreciation of some of the members of the family and by the fact that all were really sorry when after a month we took the phonograph to a private home in a distant part of the town.

Here the good old man and woman enjoyed every minute of the time that they played the Victrola, but the man of the house, who had once played in a band and rejoiced in the Blue Danube and The King Cotton March, carefully wrapped the jazz records (given to appease the Progressives at the Town Home) and deposited them in the parlor, where they remained.

We next thought of offering the machine to an old lady who lives alone and earns her extras by braiding rugs. When approached on the subject she would have none of our gift. It seems she had been given a year or two ago a cheap phonograph with a horn and not liking it had bestowed it on a neighbor. "Now whenever I drop in on them, they feel bound to play me the thing to show that they appreciate it!"

We found a welcome from a lovable old Irish woman, bed-ridden, whose happy heart rejoiced in all the selections, classic or jazz, grave or gay. The neighborhood children came in to the concerts and wept when the machine was taken to its present abode. Here it has served to pass winter evenings for a middle-aged man and his high-strung housekeeper, also from Ireland. How long it will remain here is a question, for only yesterday Mary sent post-haste for her neighbor who comes next on our list. "I can't stand that Victrola! It's making me so homesick I can't sleep nights and I want you to have Andy come and get it before it drives me clean back to Ireland!"

Surely our phonograph cannot complain of monotony of experience!

—Elizabeth S. Peterson, Secretary, Duxbury Nurse Association Inc., Mass.

## ESSAYS ON VITAL STATISTICS

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### III. BIRTHS AND BIRTH-RATES

**B**EFORE 1914 and the beginning of the world war, there was much argument whether the world was or was not suffering from population over-crowding. In the seven years which have elapsed since then Europe's toll of death and incapacitated has freed it temporarily, at least, from any worries over the dire consequences of overpopulation. In the United States the problem has been subjected to more searching examinations than it had previously received. The propaganda of birth control partisans has helped particularly to rouse anew a public interest in the real facts about births.

"The birth-control movement assumes that the world suffers from over-population and that the first thing to do to put the world in order is to decrease the birth-rate. This is implied in everything that has been written by the advocates of birth-control. The birth-rate is, after all, a relative value, and whether it is high or low depends upon a standard. A good fixed point for our discussion is such a birth-rate as will maintain the population at a fixed level, that is, neither increase it nor decrease it in the course of a generation. In a previous technical study of this question, I have shown that, under present conditions of the death-rate, it requires an average of close to four children per family to keep the population stationary. Two children reaching maturity are required to replace their parents, and because of the high mortality in infancy and early childhood and because so many people do not marry, it requires an average of nearly four children per completed family to make a new generation as large as the old. An average of one, two, or even three children per family, therefore, means a loss in population; an average of five or six children means an increase in the population.

"Do you know that the birth-rate in the United States is this year (1919) about what it was in France before the war? The birth-rate in New York is around 20 per 1000 of population. This represents a drop of about 20 per cent in four or five years. The rate has been declining for a number of years, but never so rapidly as it has recently. We have now reached the point where one baby is born each year to every tenth family. Does this strike you as an excessive birth-rate? Do we need more birth control?" (*Louis I. Dublin.*)

It is not an unfamiliar fact that in our everyday life we have grown accustomed to consider a family of six persons (two parents and four children) as "large." Yet the statistical facts teach us that under the prevailing condition of mortality such six persons per completed family is only very slightly larger than that which is absolutely necessary to merely *maintain* the population without allowing for growth and increase. Also, it is a familiar fact that the larger families which we meet in communities in our country occur among the economically poorer portions of the population, and particularly among those who have only recently immigrated into the United States. Special studies which have been made among many groups of persons, such as college professors, teachers in schools, business people of good position, and among large groups of the native-born population of native parentage, demonstrate an extraordinarily low average number of children for their completed populations. These classes of people in this country are not reproducing or maintaining themselves.

If any birth control is needed in the United States, it most assuredly is not among those classes of persons who are most easily reached by propaganda—the moderately well-to-do, healthy, productive groups whom we term our "middle-class." And whether its propaganda shall be spread among the immigrant population and given public support is a question which is open to argument.

The births of this year give us the backbone of our population some twenty years hence. It is that portion of our population which falls within the ages of twenty and forty-five or fifty which is economically productive and virile. Ordinarily, in the United States, this portion

of the population constitutes some forty per cent of the total. The population under twenty makes up another forty per cent and that over fifty the remaining twenty per cent. Obviously, then, it takes only a single generation (twenty years) without births to convert a vigorous "young" population into a senile, decadent, "old" population. There are only two sources—birth and immigration—from which we can recruit the replacements for those who must grow old and feeble, and only one—births—by means of which we can maintain the native character of our population. Regardless of whether we favor great growth and increase in our population, regardless of whether we dream of imperial and international greatness—assuming only that we are working for the maintenance of our people as a healthy, vigorous race that can carry the traditions of the past into the future—we must toil for the maintenance of our birth-rate and for the preservation of our infants' lives after they are born.

To obtain accurate statistics of births and birth-rates a number of standard procedures are followed in the United States. It has become customary to consider births in the following categories:

1. Live Births (a) At term  
(b) Premature
2. Still-Births (a) At term  
(b) Premature

and to use such classifications in technical, statistical studies. In most studies a *still-birth* is taken as the offspring of a conception which showed no signs of life at the time of birth. It is further restricted sometimes to those which have passed at least a six months' gestation period. *Unless otherwise stated, statistics of births do not include still births.*

To the Health Officer, the recording of births is a matter of great importance. If births are not registered how can he know with any degree of accuracy how many infants there are in his community; what proportion of the total is dying; at

what age there is the highest mortality; in which seasons of the year his infant problems will be most acute? In such matters as concern the school officials, the legal requirements in marriage, voting, inheritance, legitimacy, etc. the importance of birth registration is every-day knowledge. And to the Public Health Nurse whose duties are now so closely bound up with maternal and infant welfare work—prenatal, natal and post-natal—to the nurse who can accomplish some of her greatest humanitarian deeds in the saving of those infant lives which are needlessly sacrificed on the altars of Poverty and Ignorance, the registration of births is no mere bit of statistical formality. In many states the registration of a birth sets in motion a complex administrative organization which aims to safeguard the lives of the mothers and of their newly-born children. Complete and accurate registration is one of the starting points in all public health work.

The recording of births as well as deaths is a State instead of a Federal function. Experience has demonstrated that they are ideally recorded by a Bureau of a Department of Health. A Bureau of Vital Statistics should operate under the legal requirements of a Law for Vital Statistics.

The Registration Area for Births (first organized in 1915) is now made up of about two-thirds of the population of the United States and includes those states in which 90 per cent or more of the births are recorded. States are "admitted" into the Registration Area by the Census Bureau when they make adequate legal provision for birth registration, take adequate steps to enforce it, and when they demonstrate that they are recording at least 90 per cent of their births. The Area is growing from year to year.

The Census Bureau has proposed a Vital Statistics Law which is the so-called Model V. S. Bill and has recommended certain Standard Certificates of Births and of Deaths. The principal requirements of this model bill



which pertain to births are the following:

1. Births shall be recorded by a State Department of Health.
2. The States are divided into primary registration divisions with an official for each.
3. The Registrar shall be responsible for the enforcement of the law.
4. The birth of every child shall be recorded.
5. Registration shall occur within ten days of date of birth of each child.
6. It shall be the duty and function of the physician or of the person acting as midwife or parent to report the birth.
7. The use of the "Standard" birth certificate is recommended.
8. The certificate shall be returned to the proper authority.

The reasons for these provisions will readily occur to the reader. They are all designed to facilitate the accurate and complete recording of births.

The principal items on the Standard Certificate of Birth concern:

1. Place of birth.
2. Name.
3. Sex.
4. Whether twin or triplet; number in order of birth; whether legitimate or illegitimate.
5. Date of birth.
6. Name, residence, color, age, birthplace and occupation of father and of mother.
7. Total number and number living of children born to the mother.
8. Certification of the attending physician or midwife, stating whether the child was live or still-born.

This certificate is filed by the Registrar of the community as a permanent record.

Some years ago Dr. Dublin, of the Metropolitan Life Insurance Company, suggested the following tests for the adequacy and completeness of birth registration in a community.

1. In practically all normal communities in which there is complete (or nearly complete) registration of births, the number of these recorded in a year exceeds the number of children under one year of age. This relation should hold if birth registration is adequate. It is reversed if inadequate.
2. In a normal population the birth-rate (the proportion of births to population) should remain nearly stationary from year to year.
3. The birth-rate should exceed a

certain minimum (about 20—25 per 1000 population).

Relating births to the total population gives what is termed the "crude" birth-rate.

$$\text{Birth-rate per 1000} = \frac{\text{Number of Births}}{\text{Population}} \times 1000$$

From practical experience most of us know that the birth rates vary for different racial groups in the population. Even within a single racial group, however, the birth-rate will vary with the age distribution of the population. Quite obviously it will vary also with the sex distribution. The birth-rate is dependent upon the fecundity of the *female* population of the *child-bearing ages* (ordinarily taken for statistical purposes as 15—45 years). If females of these ages are sparse in a population the crude birth-rate will obviously be very low. If they are unusually numerous, the rate will be high. Therefore, to get more accurate birth-

rates the ratio  $\frac{\text{Births}}{\text{Population}}$  is restricted (or "refined") to  $\frac{\text{Births}}{\text{Female Population}}$

and still further to  $\frac{\text{Births}}{\text{Female Population 15-45 years.}}$

This last is the so-called "true" birth-rate. To differentiate between legitimate and illegitimate births—a distinction which is not very important in the United States—the calculation of rates is further restricted to Married Females and to Unmarried Females, i. e.

$$\text{Legitimate Birth-rate} = \frac{\text{Legitimate Births}}{\text{Married Females, 15-45 years}} \times 1000$$

$$\text{Illegitimate Birth-rate} = \frac{\text{Illegitimate Births}}{\text{Unmarried Females 15-45 years}} \times 1000$$

How these various birth-rates vary in a single community is indicated by the following figures for Kensington, England, compiled by Dr. Newsholme:

Crude Birth-rate	21.8	births per 1000 inhabitants.
True Birth-rate	61.6	births per 1000 women aged 15-45 years.
Legitimate Birth-rate	215.4	births per 1000 married women aged 15-45 years.
Illegitimate Birth-rate	4.68	births per 1000 unmarried women aged 15-45 years.

In most communities abroad the illegitimate birth-rates are of considerably greater importance than in the United States.

In that portion of the United States in which birth registration is complete (Registration Area for Births) there were recorded in 1920 a little more than 1,500,000 births. This area contained 60 per cent of the total population of the country. Hence we may estimate that there were in the United States in that year approximately 2,500,000 births. This means a birth-rate for the country of 23.7 (births per 1000 persons in the population).

The birth-rate varies in different parts of the country. Even in any one geographical part there are differences between the birth rates for the urban and the rural populations. In Table I the figures are given for the urban and rural portions of the Registration Area for Births.

**Table I**  
**U. S. Registration Area for Births**  
**Birth-Rate\***

Year	Urban	Rural	Total
1915	26.0	23.7	25.1
1916	26.0	23.5	25.0
1917	25.4	24.0	24.7
1918	25.1	24.0	24.6
1919	22.7	22.0	22.3
1920	23.8	23.6	23.7

\* Exclusive of still-births.

These figures indicate the decline in the rate which occurred in the years 1915-1920. Further, they show that although there was practically no difference between the urban and rural birth rates in 1920 there had been real differences—uniformly an excess in the urban areas—in the five years preceding 1920. This excess is probably associated with differ-

ences in the race and age proportions of the two populations.

Because of the inaccuracies in the estimation of populations in intercensus years, birth-rates for the white and colored races are not known precisely for the years during which the Registration Area for Births has been in existence (1915 to date). The indications are that the differences between the two are comparatively small. The proportions of births among whites of native, foreign and mixed parentage and among the colored populations are indicated in Table II.

**Table II**  
**U. S. Registration Area, 1919**

	Number of Births	Per Cent of Total
Total Population.....	1,373,438	100.0
Total white.....	1,269,363	92.3
White, of native parentage	816,546	59.4
White, of mixed parentage	141,508	10.3
White, of foreign parentage	310,540	22.6
Negro.....	95,516	7.0
Other colored.....	8,559	0.6

These figures indicate that three-fifths (60 per cent) of all births in the United States occur among white persons born in this country and that one-third (33 per cent) of the children are born to parents one or both of whom were born in some foreign country.

For some years increasing attention has been focussed upon the problem of whether the native race stocks of this country are or are not maintaining themselves, or whether they are being replaced by the immigrant races. The discussion has concerned itself in a measure with the studies of the birth-rates of native-born and of foreign-born women, and of the increasing proportion of persons of foreign birth in our population. In the first paper of this series of essays a group of figures was presented which indicated that between 1850 and 1910 the foreign-born whites had increased from 11.5 to 16.3 per cent of the total white population. This excessive increase of foreign-born whites over native-born whites may be ascribed to two facts: (1) the excess of immigration of foreign-born over emigration of native-born, and (2) the

higher birth-rate of the foreign-born in this country. The data in Table III are taken from a study by P. R. Eastman of the births which occurred among white mothers in New York State (exclusive of New York City) in 1916 according to the nativity of the mothers.

**Table III**  
**Births Among White Mothers,**  
**New York State, 1916**

Nationality or Nativity of Mother	Births per 1000 Persons
Total white.....	22.1
Native white.....	17.2
Foreign-born white.....	43.8
English, Scotch and Welsh.....	19.1
Irish.....	15.1
German.....	14.1
Italian.....	91.6
Russian.....	88.6
Austro-Hungarian.....	89.9
Canadian.....	21.3
Other foreign-born.....	30.8

They indicate clearly that the native-born population is not reproducing itself as rapidly as the foreign-born population residing in the same State. In fact, the rate of reproduction as evidenced by these crude birth-rates is twice as high for the foreign as for the native-born. If it were pertinent to this discussion statistics could be presented to indicate that the Italian, Russian and Austro-Hungarian groups in New York State, for example, are probably reproducing themselves with even greater rapidity than are groups of similar nativity residing in their native countries.

It is a common belief among laymen as well as among statisticians that birth-rates are higher among families of the lower than of the higher social and economic classes. Accurate statistical proof for this belief is not readily or easily obtainable. The population of the higher social position are commonly made up of larger proportions of older persons and hence a lower birth-rate among them may at least partly—if not largely—be an association with the lower fecundity of older persons generally. The foreign-born persons who reside in New York State and who have comparatively

high birth-rates are, on the whole, poor people of lower social standing. It appears reasonable to believe that their excessively high birth-rates in this country would not be so much higher than birth-rates of native-born groups if the latter, for this comparison, were chosen from the economically poorer strata of the whole native population. However accurate or inaccurate these associations and explanations may be, they do not alter the fact, evidenced by numerous statistical studies, that the foreign-born are reproducing more rapidly than the native-born. This greater tendency to increase is offset in a certain measure among certain foreign-born groups by their higher death-rates.

The influence of the sex distribution of a population upon its birth-rate needs scarcely any explanation. Except in an ultimate analysis, birth-rates are dependent upon the number of females of child-bearing ages in the population. In comparing rates for different places and for different times variations in sex distribution are corrected by recourse to the refined birth-rates described earlier in this paper. Similarly, age distribution affects the birth-rates of populations. Even within the statistical ages of child-bearing (15—45 years) appreciable variations in fecundity occur. Thus, it has been found that of a thousand births taken at random in a community, less than 6 per cent occur among mothers under 20 years of age, 26 per cent among mothers 20—24, another 26 per cent among mothers 24—30, and 42 per cent among mothers 30—50. Among a thousand mothers of each age group there are appreciable differences in fecundity. Other things being equal, a population with an excessive proportion of women 20—30 years of age will have an unusually high birth-rate.

For a single community births occur more frequently in certain months of the year than in others. In New York City, for example, the birth-rate per month is higher in

January, February and March than in any other months of the year. This relation may or may not be true in cities in warmer or colder parts of the country. It is generally true in any community, no matter where located, that births are most frequent nine months after the period of highest frequency of marriage. The seasonal variations of birth occurrence should hold a real importance in the minds of health administrators and field workers. The Public Health Nurse who is doing generalized nursing, for example, should be prepared for a special siege of maternal and infant welfare work in those months of the year in which the greatest number of births occur.

In the first paper of this series mention was made of the fact that there are more males born than females and that the ratio was generally about 105 males to 100 females. Although the exact excess of males differs for different races and from time to time it appears to occur universally.

It has been customary, in the United States, for statisticians to look for a birth-rate of approximately 25 per 1000 as the normal, the average, for an average mixed population. Unless unusual proportions of foreign or native groups exist in a community, a birth-rate lower than 25 is viewed with suspicion and examined for inaccuracies either in the registration of births or in the estimation of population. It had been known, even before 1910, however, that a real decline in the birth-rate has been occurring. The data presented above in Table I illustrate further that this decline has been continuous down to 1920. Indeed, it is no difficult task to demonstrate that in all countries in which reasonably accurate statistics are available, Germany alone excepted, there had been a slight or a marked decline in the birth-rate in the 75-year period between 1840 and 1915. In Table IV the trend of the birth-rate is illustrated for the United States, as rep-

resented by Massachusetts, for Great Britain, France and Germany.

**Table IV**  
Births Per 1000 Persons in the Population

Years	Massachusetts	Great Britain	France	German Empire
1841-1850	-----	-----	27.4	36.1
1851-1860	-----	-----	26.3	35.3
1856-1860	29.5	-----	-----	-----
1861-1870	-----	-----	26.3	37.2
1866-1870	26.1	-----	-----	-----
1871-1880	-----	-----	25.4	39.1
1876-1880	24.3	35.3	-----	-----
1881-1890	-----	-----	23.9	36.8
1886-1890	25.9	31.4	-----	-----
1891-1900	-----	-----	22.2	36.1
1896-1900	27.0	29.3	-----	-----
1906-1910	-----	26.3	-----	-----
1916-	25.1	24.4	-----	-----

It is significant to note that the downward trend of the birth-rate has continued in its course with scarcely any interruptions despite the fact that the improvements in birth registration have tended continually to make the figures comparatively higher in the later than in the earlier years.

When the birth-rate of a nation declines the influences upon the characteristics of the population are profound. Generally it remains higher than the death-rate, even if only by a small margin. When it comes to be lower than the death-rate, the population is dying out, unless the excess of deaths over births is counterbalanced by an excess of immigration over emigration. When the birth-rate is high, and particularly when the death-rate is low, the population is growing rapidly and vigorously—vigorously, because in this event a large birth-rate means a large proportion of young persons in the community. Conversely, a low birth-rate means a numerically stagnating population with a relatively large proportion of old persons. The influence of the birth-rates which prevailed in Great Britain, France and Germany in the nineteenth century upon their populations is indicated in Table V.

**Table V**  
Population, 1800 and 1899

Country	1800	1899
France.....	29 millions	39 millions
Great Britain	18 millions	45 millions
Germany .....	23 millions	65 millions



Thus, under the operation of higher rates of reproduction and lower rates of mortality, in the period of one century Germany grew to have one and two-thirds, although it had started with only four-fifths, the population of France. Further, Germany had grown to have a larger per cent of youthful persons, France a large proportion of old adult per-

sons. There can be no doubt that up to the time of the war the German mothers represented a more successful machine for reproduction than the French, English or American mothers. The influences of this superiority upon the peace and happiness of the world have been history now for nearly eight years.

#### IV. INFANT MORTALITY

More than twenty years ago, a distinguished sanitarian, Sir Arthur Newsholme, wrote: "Infant Mortality is the most sensitive index we possess of social welfare and of sanitary administration, especially under urban conditions." The passage of two decades has not altered the truth of his assertion. Even to-day it is to the health propagandist what the clinical thermometer is to the physician. Childhood is ushered in with the highest and out with lowest rates of mortality of all the span of life. Coupled with its enormous severity, infant mortality bears the additional characteristic that—like the thread of mercury in the thermometer—it goes up and down with deleterious or salutary changes in the social, sanitary and economic conditions of the people. Poverty, ignorance, and sickness, and the immediate and remote causes of infant deaths play their hands in partnership against the community, each aiding and abetting the others. Where one leaves off the others begin, and the toll of infant deaths runs apace with their play. A healthy crop of infants to-day provides a vigorous harvest of adults when the time of a generation has passed by. Sanitation practically applied must take for one of its chief goals the safeguarding of infant lives.

In Vital Statistics the term "infant" is applied to a child from the day of its birth up to the end of its first year of life. In studies of mortality of a population it is customary to use

*death rates*, i. e. the ratio between deaths and the population, which are expressed as so many deaths per 1000, per 10,000 or per 100,000 persons. In problems which concern themselves with specific populations such as special age, sex or race groups, we employ *specific death rates*, i. e. the ratio of deaths in the specific group to persons in the same group. In this manner, the logical index of infant mortality would be the specific death rate of infants. This would be calculated by substituting the appropriate figures in the formula:

$$\begin{aligned} &\text{Specific Death-rate of Infants} \\ &= \frac{\text{Deaths under 1 Year of Age}}{\text{Population under 1 Year of Age}} \times 1000 \end{aligned}$$

In point of fact, however, the specific death-rate of infants is not used to any great extent because of the difficulties inherent in counting the infant population accurately. A census, when taken, makes a count of infants living on a single day or week, but births vary considerably from month to month during the year. A further error creeps into census estimations of infant populations because ages of infants are so often given incorrectly to enumerators. Therefore, instead of the specific death rate, the *infant mortality rate* is employed in statistical estimations. This is an expression of the number of deaths of infants per 1000 *births*, and is readily calculated from the following formula:

$$\text{Infant Mortality Rate} = \frac{\text{Deaths under 1 Year of Age}}{\text{Births}} \times 1000$$

Both deaths and births are taken exclusive of still-births.

The rate thus obtained is not without its inaccuracies. In a great many communities birth reporting is notoriously bad and hence the denominator in the fraction above is subject to appreciable error. The larger the error in the number of recorded births—the error due to failure to report—the larger the infant mortality rate will be. This is in accordance with the general principle in arithmetic that the smaller the denominator of a fraction, the larger is the value of the fraction. Hence, without saving a single infant life it is possible to lower the infant mortality rate by improving birth registration. This statistical fallacy must be carefully avoided by the health officer or nurse who attempts to evaluate the accomplishment of an infant welfare campaign.

The occurrence of prenatal deaths complicates the calculation of infant mortality. What shall be done with these deaths? If they are counted in with infant deaths they must also be counted with the births. Even this is an unsatisfactory arrangement. In practice it has been found advisable to observe the following rules: Foetal deaths which occur before the sixth or seventh month of gestation shall be known as miscarriages and are not reportable or recognized in the statistical work; those which occur later than the seventh month shall be known as still-births and must be reported as such. The records of still-births shall always be kept apart from the true births and from the deaths of other infants. If they are included with all infant deaths special statement to that effect shall be made.

At Johnstown, Pa. (1915), 4.5 per cent of all births were still-births and 8.7 per cent of all mothers included in the survey made by the Children's Bureau had suffered miscarriages.

The relation between the occurrences of still-births and the age of the mother was striking. The findings are presented in Table VI.

**Table VI**  
**Still-births, by the Ages and Nativity of Mothers**

Age of Mother	Stillbirths— Per Cent of All Births
—20	11.1
20-24	4.0
25-29	5.1
30-39	4.4
40+	3.3
Native mothers	5.2
Foreign mothers	3.8

The figures indicate that still-births occur more frequently among native-born than among foreign-born mothers, and more commonly among young than among old mothers. Indeed, a high still-birth rate is intimately associated with first pregnancies. In a recent publication Dr. W. T. Howard, Jr. has indicated that for the mixed population of the U. S. Registration Area for Births there were (in 1918) about 3.5 still-births for each 100 total births, about 6 still-births per 100 births among white persons, and about 13 per 100 births among negroes in Baltimore (1915-19). Using the 3.5 per cent figure, we calculate that for the 2,500,000 births which occur annually in the United States there are approximately 75,000 still-births. It is not yet certain to what degree high still-birth rates are associated with poor obstetrical service and to lack of prenatal education and to what measures we must resort to reduce them.

The chief sources of statistical data on problems of infant mortality are: the weekly, monthly and annual reports of city and state departments of health, the annual reports on Birth Statistics and Infant Mortality for the U. S. Registration Area (issued by the Census Bureau, Washington, D. C.), the publications of the Children's Bureau, the reports of special surveys by municipal or private agencies, the reports of Visiting Nurse Associations, the publications of the American Child Hygiene Association, etc. Practically all of these

are easily obtainable upon request.

In 1919, the Registration Area for Births of the United States comprised about 60 per cent of the country's population. In this group there occurred a little less than 800,000 deaths. Of these nearly 120,000 were deaths of infants. That is the basis of the infant mortality problem in this country. One hundred and twenty thousand infants died of 1,400,000 born! Nearly 10 per cent (100 per 1000 births) of all the newborn did not live to celebrate their second birthday!

The extent of the problem and its trend since 1915, the year of establishment of the Registration Area, is given in Table VII.

**Table VII**  
**Infant Mortality in the United States**  
**Registration Area for Births, 1915-1919**

Deaths of Infants per 1000 Births.					
	1915	1916	1917	1918	1919
Registration Area,					
Total.....	100	101	94	101	87
White persons.....	99	99	91	97	83
Colored persons.....	181	185	151	161	131

and for Massachusetts and Boston, for which reasonably accurate figures are available as far back as 1908, in Table VIII.

**Table VIII**  
**Infant Mortality in Massachusetts and**  
**Boston, 1908-1915**

Year	Infant Deaths Per 1000 Births.	
	Massachusetts	Boston
1908.....	134	149
1909.....	127	121
1910.....	133	127
1911.....	119	126
1912.....	117	117
1913.....	110	110
1914.....	106	105
1915.....	102	104

These figures indicate that although infant mortality has been decreasing quite regularly year by year, it is still unsatisfactorily high. An infant mortality rate of 100 means one infant death among each 10 births. And that is a high figure regardless of whether it is two-thirds, one-half or one-third of the infant mortality rate of twenty years ago.

Striking differences are met with when comparison is made between the infant mortality rates for differ-

ent communities. Thus in Brookline, Mass., the rate for 1919 was 53 and for 1920 was probably 34; for New York City, 81 in 1919, and approximately 85 in 1920; and for New Bedford, Mass., 122 in 1919 and 117 in 1920. Professor Raymond Pearl, of the Johns Hopkins School of Hygiene and Public Health, has shown recently that these variations between city and city are due to variations in the mortality caused by *preventable* causes of infant death. There is every reason to believe that sanitary knowledge already available would, if applied, bring infant mortality rates down to 40 or 50 in any community of average social and racial composition. Infant deaths above this rate mean necessity and opportunity for health workers.

A recent compilation of available statistics indicates that the variations in infant mortality for different countries are enormous. Of course, many of the figures are far from precise and are only approximately accurate. However, they show such huge differences as between a rate of 332 for Chile, 192 for the German Empire, 180 for Austria, 160 for Japan, 153 for Italy, 123 for Switzerland, 109 for Finland, 95 for England and Wales, 78 for France, 65 for Norway and 51 for New Zealand. In the United States, we may recall, the rate was about 110 at the time these foreign rates were collected. Such extraordinary differences as exist between Chile, on the one hand, and New Zealand, on the other, are very powerful arguments for the strongest application of sanitation in a community. In 1911, 6 children of every 20 born in Chile died during the first year of life, in the United States 2 in 20, and in New Zealand (1912) only one in 20 died. In the last named country each infant born had six times as many chances to survive the first year of life as did an infant born the previous year in Chile!

To obtain a correct understanding of the infant mortality problem it is essential to have clearly in mind

the causes of infant deaths. Only when we know accurately these causes can we apply campaign methods to aid in their prevention. In a study made in Boston (L. I. Dublin) it was found that the deaths from congenital debility, diarrhea and enteritis and the pneumonias made up practically three-quarters of the total deaths. A field study of infant mortality in Manchester, N. H. (Duncan and Duke, 1917) made under the auspices of the Children's Bureau of Washington, D. C., showed the same result. The gastro-intestinal diseases caused 38 per cent and the diseases of early infancy (premature

birth, congenital debility and malformations) another 30 per cent of all deaths. When to these two groups of causes of infant death are added the respiratory diseases we have 80 per cent of the total accounted for. This general relationship of the principal causes of infant death is a general one.

Last year Professor C. E. A. Winslow pointed out that although the campaign against infant mortality has achieved brilliant success, its accomplishments have been limited to certain causes of death and have left certain others untouched. Table IX is compiled from his paper.

Table IX  
The Mortality of Infants from Certain Causes. United States  
Registration Area for Births, 1910-1918

	Infant Deaths Per 1000 Infants								
	1910	1911	1912	1913	1914	1915	1916	1917	1918
Diarrhea and Enteritis	37.7	29.0	26.2	28.1	24.7	22.6	24.1	23.2	22.2
Certain Other Causes..	40.5	43.1	44.3	46.2	45.0	43.4	43.4	42.6	43.6
Malnutrition.....	6.6	6.4	6.5	6.8	7.3	6.9	7.5	7.5	7.5
Premature Birth.....	17.5	18.4	19.1	20.0	20.1	20.3	21.2	21.1	22.1
Congenital Debility..	13.2	14.6	15.0	15.5	13.4	11.9	10.3	9.4	10.1
Injuries at Birth.....	3.2	3.7	3.7	3.9	4.2	4.3	4.4	4.6	3.9

"The death-rate from diarrhea and enteritis has been reduced from an average of 31.0 for 1910-12 to an average of 23.2 for 1916-18, a saving of 7.8 lives per one thousand. On the other hand, the combined death-rate from malnutrition, premature birth, congenital debility, and injuries at birth, has increased from an average of 42.6 for 1910-12 to an average of 43.2 for 1916-18. The intestinal disorders, which prevail for the most part from the third month of life, are yielding to preventive measures but the causes of mortality which operate at birth and during the first month have continued to operate unchecked.

"It is this fact which has made it clear that the machinery of medical examination and hygienic supervision must be extended backward to include the expectant mother, and the experience of the prenatal clinics in Boston and New York have shown that the mortality of the first month is quite as amenable to preventive measures as that of the later months of infant life. The ratio of still-births to living births has been reduced in Boston to 1.0 per cent for cases with prenatal care, as compared with 3.4 per cent for the population as a whole; and the mortality of infants in the first two weeks of life has been reduced to 11.9 per cent, as compared with 34.2 per cent for the population as a whole."—(C. E. A. Winslow.)

Between urban and rural communities there are no striking differences either in the severity of infant mortality or in the causes of death. Between the white and the colored there are real differences. The greater mortality among negro infants is indicated by the high rates in Table VII above.

Numerous studies have indicated that the greatest mortality of infants occurs in the first day of life; taken by weeks, is highest for the first week; and taken by months, is highest in the first month of life. These facts become clear in the light of the large role of congenital debility, icterus and sclerema as causes of infant deaths. These causes operate very shortly after birth. Any welfare work that is directed against these causes must operate either in the prenatal or in the earliest post-natal periods. It is not unusual for one-half to two-thirds (67 per cent) of all infant deaths in a community to occur in the first quarter of the first year of life.



**Table X**  
**The Deaths of Infants According to**  
**Age at Death**  
**United States Registration Area for**  
**Births, 1919**

Age at Death	Infant Deaths per 1000 Births
Under 1 day.....	14.5
1 day.....	4.5
2 days.....	3.4
3-6 days.....	6.3
1 week.....	5.9
2 weeks.....	3.8
3 weeks.....	3.1
Total under 1 month.....	41.5
1 month.....	7.3
2 months.....	5.9
3-5 months.....	13.7
6-8 months.....	10.3
9-11 months.....	7.9
Total under 1 year.....	86.6

The seasonal variations in the severity of infant mortality go hand in hand with the relation between season and the three principal groups of causes of infant deaths discussed above. Congenital debility, icterus and sclerema, congenital malformations, premature birth, injuries at birth, etc.—those causes which are most intimately concerned with the infant's heredity and the prenatal and natal conditions of the mother, they take their toll of infant lives regardless of the season. Diarrhea and enteritis get in their most effective licks in July, August, September and October; the respiratory diseases, theirs in December, January, February and March. These seasonal correlations are indicated in the infant mortality rates for all causes of death when subdivided for each month of the year.

**Table XI**  
**Infant Mortality and Seasons of the**  
**Year. United States Registration Area**  
**for Births, 1919**

Months of Year	Infant Deaths per 1000 Births
January.....	10.3
February.....	9.8
March.....	11.1
April.....	8.4
May.....	7.6
June.....	6.6
July.....	7.9
August.....	8.2
September.....	7.6
October.....	7.7
November.....	7.0
December.....	7.7
Average per month.....	8.3

The figures in Table XI show accordingly two high points for infant mortality, one in the winter months and one in the middle of the summer. In the spring and fall months the rates decline to their minima. An adequately designed infant welfare program utilizes these facts. The dictates of common sense demand that attention shall be focussed upon avoidable infant mortality when it is unduly high.

It has been and it still is the custom among students of infant mortality to demonstrate statistically the correlation between rates of infant mortality and such factors as age of the mother, nativity of the mother, father's earnings, etc. There is no doubt that among older mothers infant mortality is unusually high, that among mothers attended by physicians the rate is often lower than among those attended by midwives or not attended at all; that infants which are breast-fed during the first six months have lower mortalities than infants that are bottle-fed; that the mortality is higher, the larger number of people who sleep in the same room with the baby and the poorer the ventilation of the room; that infant mortality is higher the more illiterate the mother or the lower the father's earnings or the more severe the mother's employment immediately before and after parturition. The student of this subject can find splendid collections of statistical proofs for these correlations in such studies as those of the Children's Bureau. We need not present them here. It is well to remember, though, that because there is any definite parallelism between infant mortality and type of home, for example, it does not necessarily follow that poor housing is a direct cause of infant deaths. While it is undoubtedly true that infants are better able to combat the invisible enemies which menace them when they are carefully housed, yet it is essential to recall that with bad housing there go hand in hand poor feeding, poor clothing, poor ventila-

tion, lack of nursing and medical care, over-crowding, lack of maternal attention, and even specific sources of infection from sick people. Poverty, ignorance, sickness and death go hand in hand. It is unsound to pick out any one evidence of either poverty or ignorance and give to it the blame for causing deaths of infants.

Viewed in another light, we may consider that there are two groups of factors at play—namely, those hereditary factors associated with race and family which make up what the biologist terms the hereditary factors of the protoplasm, and those which are concerned with the environment in which the infants are born. The two go together. Good hereditary race stocks generally succeed in making for themselves favorable environments; poor stocks either make or descend to unfavorable environments. The delicacy of the infant's health involves great dangers to life when coupled with unfavorable environment and poor physical heredity; it means lessened danger to life when combined with good heredity and good environment.

To the Health Officer, to the Director of a Nursing Association, to the field worker, and to the nurse, these considerations are of profound

importance. To save infants' lives they must direct their efforts against those causes in the environment which are associated with high mortality, recognizing the while that the control of heredity lies outside of their domain. They must know that infant mortality rises in the warmer months of the year and that the principal causes of these excess deaths are intestinal. Hence they must concentrate their attention, in that season, upon the education of the mothers in careful feeding; they must take special pains to induce mothers to come to infant welfare stations for advice, care and supervision. In the winter months, they must know of the special dangers from respiratory infections and they must devote their efforts accordingly. The data adduced in this essay have probably indicated in many ways how accurate statistical knowledge may serve as a valuable guide in the planning of infant welfare work and in measuring results.

NOTE—Public Health Nurses and others who are interested in field work studies of infant mortality will find the publications in the Infant Mortality Series of the Children's Bureau, U. S. Department of Labor, Washington, D. C., particularly valuable and specifically instructive in the methods of conducting such studies.

## CHILD HYGIENE CARDS

We have just received the following communication from Miss Lucy Minnigerode, Superintendent of Nurses, U. S. Public Health Service:—

In an article on "School Nursing" by Mary G. Fraser which appeared in the September, 1921, issue of *The Public Health Nurse*, there appeared on page 477 the following statement:

"U. S. Public Health Service, Washington, D. C., will provide you with child hygiene charts free."

Unfortunately, Miss Fraser had been misinformed and the Public Health Service was compelled to refrain from complying with the numerous requests for these forms which resulted from this statement. However, these numerous requests from all parts of the United States suggested the advisability of perfecting an arrangement with the Superintendent of Documents, with a view of printing a large number of these forms and selling them at a minimum price. I am glad to say that on the recommendation of the Surgeon-

General of the U. S. Public Health Service the Superintendent of Documents has caused a number of these forms to be printed and quotes the following prices:

Child Hygiene Form No. 4—*Physical Examination of School Children*. One cent each per single copy, or 50 cents per 100.

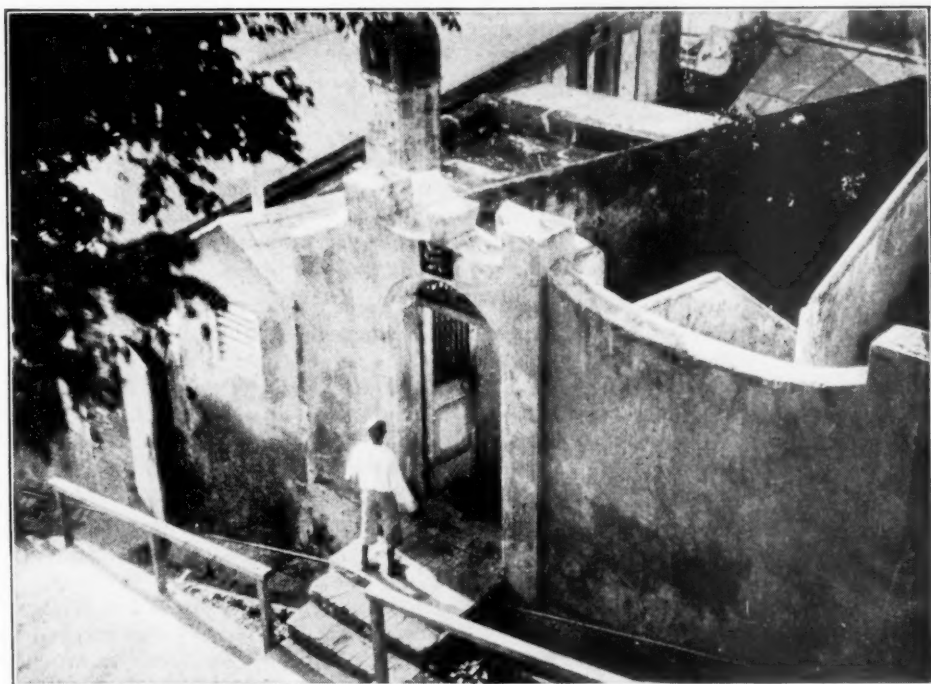
Child Hygiene Form No. 5—*Oral Examination of School Children*. One cent each per single copy, or 50 cents per 100.

Child Hygiene Form No. 12—*Classroom Health Score*. One cent each per single copy, or 75 cents per hundred.

Orders for these cards should be made through the Child Hygiene Section of the U. S. Public Health Service and accompanied by a check made payable to "Superintendent of Documents."

## A PIONEER NURSE IN THE VIRGIN ISLANDS

By JEANNETTE M. COLLINS



Where the School Nurse Lives.

THE United States purchased the Virgin Islands from Denmark in 1917, and almost at once began the scrubbing and regulating process under the charge of the United States Navy. The communal hospitals for civilians are administered by Navy doctors and nurses, and training schools for native nurses, milk stations, and daily clinics were established by the Navy. In 1918 the Red Cross appropriated \$44,000 for hospital supplies and equipment, and following a survey of conditions in the islands by Frederick A. Moran, field representative of the Insular and Foreign Division of the American Red Cross, began other lines of work. One of the most promising of these new departures is the installation through the Department of Nursing of the Insular and Foreign Division, of two school nurses, one in St. Croix and the other in St. Thomas.

Miss Ruth Waterbury, Boston, Mass., formerly with the Red Cross

Commission to Poland and a graduate of Johns Hopkins Hospital Training School, has taken up her work in the schools of St. Thomas most eagerly.

"Our first step," Miss Waterbury writes, "is to examine every child in the schools. I have been in many of the homes and all of the children and most of the parents seem to be much interested in my work. I have acquired convenient rooms, six in all, in a building next to the high school. The children come into one room where I can give each his examination blank, measure, and weigh him. They pass into the next room where throats and noses are examined, and into the next for chest examination. Either I or their teacher is always with them. All of the natives have great pride in their appearance. The doctors have been very much impressed with the cleanliness of the children."

"I was literally deluged the first few days before examinations began

by little children coming into the office to see the rooms and get weighed. As I write this I have been interrupted twice by the young girls who wished to get weighed and were anxious to know when I was intending to start with their physical examination. The assistant superintendent of schools says the boys show the same curiosity and eagerness, so you see we are meeting with the friendliest spirit among the older children too.

"Speaking of co-operation, I must tell you that the doctors are most kind. The chief of staff himself came to assist with the examinations. The Navy has certainly made a good

beginning in sanitary work for the islands.

"It has been interesting to see the weight and height records of the children. Because of low wages many of them have had a poor chance, but conditions are better now. Many of the children eight and nine years old are only six or eight pounds underweight. I expect to find a greater percentage of under-nourished children in the higher grades.

"As soon as the strenuous work of examinations is over I plan to start a class in mothercraft. That is just a beginning. There are big things to do here."

### CHINA'S NEED

The article by Cora E. Simpson, in our February issue, entitled "China's Need," has aroused considerable interest, and we have had several requests for information regarding the writer and her work.

Miss Simpson opened one of the first training schools for nurses in China, at the Magaw Memorial Hospital, Foochow, in 1908. Some years later she came over and took the Course in Public Health Nursing at Boston; and she has been a member of the National Organization for Public Health Nursing since 1917. The following account of the Magaw Memorial Hospital and its field will be of interest; it is taken from a pamphlet, "Our Hospitals in China," published by the Woman's Foreign Missionary Society of the Methodist Episcopal Church.

Foochow, the capital of Fukien Province, lies about half-way between Shanghai and Hongkong. The old walled city, built about four thousand years ago, is three miles to the north, but the present new city that has grown up within the last two thousand years is on both banks of the beautiful Min River, ten miles from the steamer anchorage and thirty miles from the open sea, surrounded by mountains. The only way to reach the city from the outside world is by steamer from the north or south. This city has been called "The Gateway to Southern China" and is the center of wealth, education and commerce for all the inland country. The people from the inland country come to the city by the river boats, or overland. The climate is very hot in summer, with a long rainy season in the Spring, but delightful in the fall and winter.

The first hospital for women in China was the one Dr. Trask built here in 1875, known as the Liangau Hospital. That hospital was built on the south side of the river, three minutes' walk from the up-river boat landing and ten minutes from the steamer landing. Forty years later, 1915, the old hospital was replaced by the new Magaw Memorial. At the laying of the corner-stone of this building, in 1912, the governor of the province was

present and participated, this being the first woman's function so honored. After dining with a large company in the mission home, he spoke at the ceremony. Later he delivered the address at the first commencement of the Nurses' Training School. The new hospital is a handsome building, of red brick with gray trimming, three stories high, with wings extended, forming an open court in front—Chinese style. \* \* \* Large, beautiful grounds dotted with trees and Oriental flowering shrubs, tennis and volley-ball courts and soft, green lawns make this the most beautiful compound in Foochow.

The Nurses' Training School in connection with the hospital was opened in 1908 by Cora Simpson and registered in 1914. It was the first school registered in China and was among the first, if not the very first, to graduate a nurse. The regular three-year nurses' course is given and a fourth year for the obstetrical course.

The surgery and maternity field is unlimited, and a large opportunity open for research, medical, social service and public health work.

#### Medical Staff

Dr. Ellen Lyon      Miss Cora Simpson, R.N.



# MATERNAL AND INFANT HYGIENE IN NEW MEXICO

By MARGARET TUPPER

*Director, Division of Child Hygiene, State Bureau of Public Health  
New Mexico*

A CAMPAIGN for the promotion of maternal and infant hygiene was begun in New Mexico in 1919, as a part of the American Red Cross public health program, and was carried on in close co-operation with the policies of the former State Department of Health by means of a Child Hygiene Division, at first financed by the Red Cross and now operating as an integral part of the present Bureau of Public Health under State appropriation. By the 1920 amendment to the 1919 health law, all counties are empowered to levy a special tax for the support of the county health department. Pursuant to this law, five full-time county health departments were launched in 1921 and three additional units will probably be in operation in 1922.

The personnel of such a county health department includes a full-time health officer, acting as executive, a county Public Health Nurse, a clerk and, if possible, one or two sanitary inspectors. Funds from the U. S. Public Health Service and other outside sources have supplemented county health budgets where the health levy was insufficient. These funds are again available this year in all counties supporting a full-time health department.

Wherever these county units function, the State Bureau of Public Health has arranged, either through the health levy or through such co-operating agencies as local Red Cross chapters, women's clubs, county and city school boards and the U. S. Public Health Service, for the employment of a Public Health Nurse, who has complemented the activities of the local health officer. When the nurse's salary has come entirely from the special health levy she has worked as an employe of the county health

department. In those counties where the nurse was paid in whole or in part by the participating agencies mentioned, she has continued, by special arrangement, to co-operate toward the harmonious development of the county health program. In his turn, the county health officer has acted as school physician and has arranged with the county medical society for the conduct of prenatal and infant hygiene clinics, for the free correction of indigent children's defects and for volunteer medical examinations in infant health conferences. In addition, Public Health Nurses employed by Red Cross chapters in counties having part-time health officers have looked to the latter for authority in communicable disease control. They have also received all possible counsel and material from the Child Hygiene Division of the State Bureau of Public Health for exhibits, lectures and health conferences.

Owing to New Mexico's large area of 122,500 square miles and its small population of 360,000, there is a resultant paucity of funds, despite the extremely high per capita tax. This condition obliges a nurse to promote a general health program while serving an enormous territory, often twice as large as the State of Massachusetts. In three counties only are there two or more nurses working. These circumstances preclude the possibility of any comparison with the finished results obtained from intensive, specialized work in highly organized and congested communities, rich in those supplementary medical and social resources which are almost entirely lacking in this State. "Consequently, a nurse's efficiency is measured by the dauntless spirit of resourcefulness with which she adapts the fundamental principles of public health nursing to undevel-

oped or isolated communities." The population of New Mexico is cosmopolitan and represents many types of civilization. Beginning with the primitive tribal state exemplified in the Indian pueblos, we follow the development of civilization through the old world replica found in the small native villages of Spanish-Americans, whose ancestors preceded the Pilgrims, down to the rural pioneer conditions obtaining among some of our Anglo-Saxon compatriots, who are regarded as recent pioneers, if not as actual immigrants. Furthermore, in the mountainous parts of the State, devoted to the mining and lumbering industries, there is a continual ebb and flow of labor coming from Old Mexico, Europe and Asia. Outside of these camps and small towns, the remaining labor is agricultural or pastoral in character. The nurses have carried a virile health program into such an environment, sometimes driving a hundred miles over an uninhabited plain in search of one isolated rancher's family, or again, steering through winding canyons over mountain roads leading to an adobe house surrounded by a hilly field whose cultivation depends on a primitive plow drawn by a goat.

Despite these physical handicaps, all of these types have responded to the health campaign with remarkable enthusiasm. The work has been immeasurably strengthened and accelerated by that goodly proportion of the population representing a cross section of the broadest culture of the entire Union, not the least among whom are the progressive descendants of some of the Spanish conquerors.

Because the rural schools offered the only organized type of activity, the nurses began with a school program. The resulting follow-up calls opened the way for a prenatal and infant hygiene campaign, stressed, of course, in the summer time. Communicable disease control has also been developed as an interrelated part of the work. Always blazing the trail whenever possible with the home

visits for bedside care, the nurses have developed prenatal clinics, prophylactic infant hygiene clinics, dental clinics, and have given instruction concerning the nutrition of the preschool child. Public interest has been further stimulated by the conduct of baby health conferences, infant hygiene exhibits, held at the county seat, illustrated lectures on various health subjects, including maternity and infancy, given in the rural schools or churches by the health officer and nurse. The problem of maternity has been further attacked in giving standardized class instruction to midwives.

The trial class in midwifery was held in a native community, 65 miles from a railroad or a doctor. This locality was chosen because it presented the problem in its supposedly most difficult aspect and, at the same time, offered, through the co-operation of a Presbyterian teacher missionary, a peculiar opportunity for gaining the confidence of the townspeople. In many of these isolated homes every neighbor is a potential midwife. The following illustrates how fundamentals have to be emphasized. The nurse discovered the total lack of cows kept for domestic purposes. Undaunted, she persuaded one family to bring a cow from the range and showed them not only how to milk her, but how to give proper care and feeding to milch cows. Before this nurse had completed her week's stay, several other families had begun to keep a cow about the place for milking. The town's interest reached the climax in the attendance of both fathers and mothers at the class in which was demonstrated the baby's bath. The first two classes of midwives had to be rounded up by dint of persuasion and outside influence, but the third class is now being conducted in another isolated community in response to popular demand.

As there are enough midwives in this one county to keep a nurse's entire time occupied for a year, regulations for the practice of midwifery must be postponed for the present.

Each midwife finishing the course signs a pledge to keep certain simple rules and in return receives a certificate from the county health officer to the effect that she has been instructed by the Public Health Nurse. The midwife understands that her certificate can be revoked at any time by the county health officer for just cause.

Gradually it is hoped to bring under control all midwives in those counties supporting full-time health officers, by a slow but steady process of instruction. Already it has been noted that some of these midwives are increasing their fees because of the prestige gained through possession of a certificate.

Including all public health demonstrations financed by Red Cross chapters or county health departments, nearly half of the thirty-one counties have had a Public Health Nurse functioning in some capacity, from three months to two years. Many of those counties as yet untouched will be financially unable for many years to support a full time health department.

Particularly to reach mothers who are living sometimes from 75 to 150 miles from a doctor or a railroad, and also to stimulate mothers in all counties, the Child Hygiene Division within the State Bureau of Public Health has composed simple instructions in prenatal care, infant hygiene and pre-school care. Twelve thousand of these, in Spanish or English, have been mailed to all parents whose babies' births have been registered since 1919. A point of contact is established by the inclusion of a promise to send patterns for model baby clothes and directions for iceless milk coolers, upon request. Letters accompanying all instructions ask the recipients to show the prenatal instructions enclosed to neighbors who expect to be confined, or to send in the names of friends who need such information. The Division of Child Hygiene has been fairly swamped with correspondence, at least half

of which must be conducted in Spanish.

With regard to the establishment of a routine in maternity and infancy clinic procedure for a state such as New Mexico, this division would suggest that a compact, simple clinic equipment, designed for transportation in a suitcase, is needed. Also, a technique will have to be standardized which is applicable to the conduct of clinics that are oftentimes perforce sporadic and that can be held in one-room school buildings, vacant stores or rural churches, all of which are without plumbing or special equipment. In other words, the problem needs the same process of elimination of the impractical and insistence on the fundamentals as did the problem of hospital procedure at the front, during the war, or the development of clinics in devastated regions directly following the armistice. Here, as overseas, the most scrupulously trained nurses are needed to make wise discriminations between the essential and the non-essential.

Except for a few state institutions caring for the blind, the deaf, the insane and, to a very limited degree, for the juvenile delinquent and dependent, New Mexico lacks the vast social machinery necessary to complement a health program. An agreement covers the division of functions between the sister Bureaus of Public Health and of Child Welfare, operating as co-ordinate agencies under a Board of Public Welfare. This agreement places the responsibility for the stimulation of social and economic welfare work for the women and children upon the Bureau of Child Welfare and reserves the development of maternal and child hygiene activities for the Division of Child Hygiene under the Bureau of Public Health. The plans of the Bureau of Public Health for the disbursement of its share of the Sheppard-Towner funds are merely tentative, until they shall have been submitted to, and approved by, the Federal Board. In the event that present ideas are followed, this

Bureau hopes to use its share of these funds in employing two Public Health Nurses to act as child hygiene demonstrators. In this capacity a nurse would spend a month or two in each of the counties at present untouched by public health work of any kind, or with only rudimentary provisions for it.

By using as a guide the birth certificates on file, a survey of young infants could be effected. This would in turn serve as an entering wedge in securing a good attendance at a preliminary health conference, held within the time given to the county by the nurse. Through good team work on the part of the local health

officer, who can secure the co-operation of the local physicians, and on the part of the child hygiene committee in the local woman's club, it is expected that not only much publicity, but also supplemental aid can be organized. Although for the most part these counties will be financially unable to support local full-time health departments for many years, in most instances it would be possible for them to employ a Public Health Nurse, by pooling funds. The stimulation of this permanent development would be the aim of the demonstrations by means of the Sheppard-Towner funds.

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#### A COUNTY NURSE IN OREGON

This week has been almost my most interesting week in Coos County. I went out to Sitkum—a beautiful place, leaving Marshfield on the morning boat for Sumner. The tide was out, so it was necessary to walk across the river on a narrow log. Across the river, waiting for me, was the logging train where I was most gallantly helped into the engine cab. They took me and my bags two miles. There I climbed onto the mail stage with the cream cans and the mail bags.

We left Sumner at 9:00 a. m. and bumped along till 5:00 p. m. You just cannot imagine how many bumps there are unless you have had them, but the beautiful country we went through covered a multitude of bumps.

I stayed at the sweetest, cleanest house in a little nook among the hills. The lady of the house told me that all the hills were about one hundred and fifty feet high. Best of all, as lunch had been lacking, we had a chicken supper. A very little while after supper I went to bed and never moved until 6:00 a. m. when the music of the pigs, turkeys, hens, etc., wakened me.

The school is a mile from the farm-house at which I stayed—a beautiful walk. At school a most interested lot of youngsters awaited me. I noticed one beautiful, serious youngster lean over to his nearest companion, and heard him whisper, "Gee, I hope I'll be perfect!" Even those who have many imperfections can be made to feel that it is quite possible for them to be perfect if they "play the game" and give themselves a chance.

At this school I found a very severe case of talipes equinus varus. The heels were where the toes should be, enabling the child to run but she cannot stand still. Her parents came from Switzerland five years ago and are very much afraid to have anything done for the little one. After talking an hour and a half to the mother she became convinced and anxious that the child should receive attention. Unfortunately, the father was not at home and you know how much the European woman has to say in the family when it comes to deciding things of importance, but I will not give up if it takes six trips over the bumps. I explained the case to several doctors and they feel sure the child can be helped.—*Elizabeth Campbell, Coos County, Oregon.*



## READING FOR DELIGHT

By MARGARET BAKER FOLEY, L. B.

Chicago, Illinois

"I AM trying to read Wells' *History of the World*," writes a wistful friend, anxious to be told that she is on the right track. "I am having an awful time but I shall stick to it and not touch another book until it is finished."

A great heaviness descends on me at the thought of being buried in a compendium—restricted to Mr. Wells, absorbingly interesting though his big history is. I feel that I would rather be a pagan, suckled in a creed outworn, sustained with tales of Proteus and Triton and other cheerful myths, and I turn very gladly to wise old Bacon's dictum: "Studies serve for Delight, for Ornament and for Ability," thankfully noting with Sir Arthur Quiller-Couch that Bacon puts delight first. Read "for Ability" we must, to get our lessons, to pass examinations, to advance in our professions, but in our spare time let us have no fear of reading for delight.

At the back of most busy women's minds is the harassing notion that when one has time to read it should always be for a purpose.

Now reading for a purpose is a good thing if one really has a definite purpose. Even wading through a treatise that seems dull and heavy has its uses. Mrs. Albee says in *The Gleam* that when she was seventeen she found she had fallen into desultory habits, never finishing anything, never working out an intention, so she made up her mind to set herself a task, a hard one, and stick to it. She chose to read Greek history as the most tedious and uninviting occupation she could think of and settled upon Grote, in twelve volumes, as the toughest possible example, reading fifty pages a day until she had forced her way through it. She frankly says she was "bored to death and constantly turned over the pages, held between thumb and finger, to see how much of the day's portion still remained," yet she held to her

plan to the end. It took her three months. She gained no Greek culture, nothing of intellectual value except three long hard words and never even knew what she had missed, "in approaching Grote in this relentless spirit," until years later she heard her husband, who loved Greek and all things Greek, say that he had been reading Grote for the third time but should not read the last volumes because they were too sad; the record of the downfall of Greece became too painful.

Mrs. Albee got just what she planned to get and no more—self-control and determination, which have lasted her to this day. That was worth while. She had a genuine purpose and did what was best for its fulfillment, but so many of those who would like to have more of that delicate bloom on life, that "smile of the mind" which is called culture, feel that to compass it they must read with grim determination, "with a purpose." Bloom does not come from hard rubbing nor a smile from grimness. Forego the ambition to say you have read Wells if it gives you "an awful time" and keeps you from reading anything else. Don't even sit down and invent a purpose. Be like the modest artist in *Don Quixote*, who when he was asked what animal he was painting replied, "That is as it may turn out." Try reading for delight.

Mrs. Browning knew. She says in her *Aurora Leigh*:

"We get no good  
By being ungenerous, even to a book  
And calculating profit—so much help,  
By so much reading. It is rather when  
We gloriously forget ourselves and plunge  
Soul-forward, headlong into a book's profound,  
Impassioned for its beauty and salt of truth,  
'Tis then we get the right good of a book!"  
Indeed the enjoyment of general literature, chosen at will, leaves on the mind something like the patina which artists prize, a rich effect of

depth and color which only time and use and no artificial treatment can give. It is purpose enough if in reading we pray the prayer of Socrates: "Grant me beauty in the inward soul, and may the outer and the inward man be as one."

An old librarian once took down a beautiful vellum-covered book to show me. It had a warm, golden tone as if there were a light shining through it, with a deep richness that made newer, fresher parchment beside it look thin and raw. "Patina," he said appreciatively, as he laid a loving hand on it, and I saw that that was what had given it its color, the affectionate touch and care of many loving hands. Careless treatment, dust and haphazard handling would have worn it out centuries ago. A friendly atmosphere had preserved and enriched it through its hundreds of years of existence.

"Patina" is an argument with me against too much reading of new and ephemeral writing, writing that has not had time to take on "tone." "I read two or three newspapers, and several general magazines as well as my professional magazines. I really can't do more," is a frequent self-justification. Perfectly true, and Sir Francis Bacon disposed of it as a plea back in the piping times of great Elizabeth. "Some books are to be tasted," he said, and life is not so workaday that we must consume all the turnips and cabbage set before us and never come to the dessert. Papers and magazines are for skimming. If you come upon something that you are really interested in there is nothing to hinder your reading it word for word and over again but don't feel obliged to read the whole because you happen to have it. It would be like thriftily eating a bale of hay because it belonged to you. There is such a thing as taking one's pleasures too sadly, and surely acquiring the "smile of the mind" should be a genuine pleasure.

So few are totally indisposed for the deeper joy that comes from liking good reading that it is hardly worth

while to speak of them. The mind so tame and incurious that only trash appeals to it does not come within our scope. "Rotten wood cannot be carved," says the Chinese proverb, "and walls made of dirt and mud cannot be plastered"; but for those who do covet the distinction of being made free of the glorious company of book-lovers there are many ways of obtaining it and from the very first they may enjoy not only the "reading without tears" which the old primer falsely promised to children, but the reading for delight which Bacon wrote of.

Appreciation, and understanding and enjoyment of what others before us have understood and enjoyed, is all that is asked, and there is a sly proverb of Norway which disposes of those who hold back: "It is your own fault if others eat the apple which was baked for you."

The question is, what is the first step to take toward this delight while we go

"Working and wandering, as the world asketh,"

about our daily business? Mortal mind has a certain sluggishness about changing its ways and taking up new matters. Even natural book-lovers, born with the mark in their foreheads, have as a rule to learn what to read. I always envied "My Cousin Bridget" in the *Essays of Elia*, who was early tumbled into a closet of old books and left to read at will. She did will, but I knew that in her place I should have picked out the easy ones. There were books on our shelves which I passed by, year after year, with an uncomfortable conscience because I felt that I ought to want to read them and I didn't. There were others I gnawed at, off and on, like a dog with a not very tempting bone. Both sorts I have since read with delight, for books open up to us when we are ready for them. There is no sense in feeling rebuked because we turn to one good book rather than another. As all roads lead to Rome so all good reading leads to better. I had that guilty

feeling for years about Emerson and had been long out of college when on a lonely day in an empty apartment, waiting for furniture men who came not, I opened a copy of Emerson's *Essays*, brought by mistake, and straightway plunged soul-forward and lost myself in my first glorious reading of them. There are no time limits when you read for delight. Read what you want when you want to but *persist in trying things*. Curiosity is a quality that keeps the world alive—not the curiosity that is always matching the scraps of calico of daily happenings but the curiosity that wants to know why. Why do people praise this author? What do they see in that one? Curiosity is the very principle of mental growth. Who wants to look on, vacant, stolid, while others are interested? If your mind is alive you are always asking the why of things. If you don't find out the first time you can always try again.

Of course one great stimulus to such fruitful curiosity is having the book before you. You will pick up Mrs. Browning's poems and look at *Aurora Leigh* if you happen to have them, but if you don't it is very likely to slip out of your mind and you will remain by one interesting association the poorer. Not every man can own his private library or live next door to a Carnegie memorial, but even with the present regrettable price of books it is well to begin to collect, to buy occasionally of the little handy editions and keep them handy. Even if you live part of the time in a suitcase, as a nurse must often do, you can slip in two or three without overloading it. There will be times when having just those two or three and no more, you will be moved to look into them.

Deprivation is sometimes a spur. There was at least one little girl who learned in church to read the Bible. She would never have done it if she had had anything else nor done it so perseveringly if it had not been forbidden. (It was "amusing oneself"—oh, crime!—not to listen to the ser-

mon unfolding leaden lengths of doctrine above one's head.) To this day she never opens the Book without seeing a neat kid glove clinging to one side and a small, thick, red, woolen one obstinately clutching the other, and there are many chapters that remind her of quiet but deadly tugs of war in the very sanctuary itself, with looming consequences to come after reaching home. Bunyan's *Pilgrim's Progress* calls up the same rebellious child, who was considered still young enough to go to bed by day, on long June evenings while the croquet balls clicked outside, and who rose and prowled and unlocked an older sister's cherished, unpermitted book-case, thereafter to spend enchanted twilight hours wandering with Christian through Vanity Fair and on to the Delectable Mountains, thinking all the while that she was merely revenging herself on a cruel and oppressive family. (Because it was r-r-revenge she read even the theological discussions and all the notes.) To have only two or three books available and those books which one might not at first sight choose is good for one. A lonely railway station or dingy train will often make reading that has seemed like a hard nut to crack yield a sweet and satisfying kernel.

It is not necessary to choose hard nuts deliberately. Humor makes also for the smile of the mind and is easy reading. Mark Twain too sits on that enthusiastically avoided shelf labeled "classics." Mark Twain is pure humor, with an insinuating, effortless style that puts commoner entertainers in the shade. You fairly hear the gentle drawl of the author in his books. He wrote just as he talked. Time spent with the *Innocents Abroad* or with Huck Finn, in swimming, lying on the sand to get dry so as to go in again, will rob no one's hours of self-improvement. Indeed, if one must "calculate profit—so much help, by so much reading," where else can one get so much from a book that purports to be merely amusing as from the dear "Inno-

cents"? One boy who lay on the floor exhausted from laughing over the ancient Greek grocer's weighty pronouncement, "These be bogus," concerning the coins paid him by the Seven Sleepers of Ephesus for their first lunch after their long nap, always declared that he got his first knowledge of Greek myths from Mark Twain. The gravely sympathetic story of Jack, youngest of the "Innocents," blistering in the hot sun of the Holy Land while he morosely waited to hear the mud-turtle sing has sent more than one to the dictionary to make sure, although knowing it was not the mud-turtle, just what kind of turtle it was whose voice should be heard in the land. There you have a nice little knot of associations—the Song of Solomon, a bit of bird-lore and the delicious picture of Jack giving the turtle just two more minutes to make good in before he makes it "shin out of Galilee" for non-performance—and it is of associations even such as these that the mind's patina is made. Barrie's *My Lady Nicotine*, Jerome's *Three Men in a Boat*, Morley's *Pegasus on Wheels* are all books with laughs in them, and there are dozens of others. Dickens has "unforgettable, unforgotten" characters whose very names make us feel cheerful, Mr. Pickwick, Sam Weller, Mrs. Nickleby; and his is the humor which includes tears and an ever-widening sense of human kindness. Shakespeare's comedies—but why should I speak of Shakespeare? Shakespeare one must love sooner or later if one learns to love good things.

Supposing, just to exercise your life-giving curiosity a little, you procured a copy of Charles Lamb's *Essays of Elia*—stiff, antiquated, unlikely—in a word, a "classic." Well, turn to the essay on "Roast Pig." That is not deep. Quite little children enjoy the naughty Hoti and his greediness, and the mysterious way in which houses began to burn down with great frequency all over the city. Nothing "classic" about that and if you find an old-fashioned

phrase or two, remember that you are reading for your pleasure and don't feel obliged to look them up unless you want to. The main thing is to enjoy the story. Read the essay again some day and see if it is not still better the second time. Turn now to "Dream-Children," dear "little Alice," brave John and the father who loses himself in talk with them, and carries you along till you love them as he does and have the same sense of loss when he remembers he is a lonely old bachelor, and "the children of Alice call Bartrum father";—such a lovely melancholy that you are willing to suffer it again and again, as school-girls go to the theatre for the pleasure of crying. Little quips of fun, little traits of kindness, learning that is never pompous or pretentious we find in him, and we begin to love the author, kindest of human beings. Gradually we come to know him. We become acquainted with "Cousin Bridget," who was really his sister, with his good old aunt, with Mrs. Battle and her masterly whist-playing, with little Barbara S. and the story of the guinea which would have been so useful to her flock of shoeless and stockingless little sisters; with "Poor Relations" and their irritating ways, and his quiet poking fun at himself for minding the irritation; with old actors and actresses—he loved the theatre; with poor starved little London chimney-sweepers, his pity for them and his delight in their laughter, the flash of their white teeth in their little black faces, as when

"A sable cloud

"Turns forth her silver lining on the night."

Every word he writes makes one want to know the man better and we may go on and read of his friends, his supper-parties, his jests, his love for old books, his devoted love for his sister, the tragedy of their family and those sad times when brother and sister walked "hand in hand, weeping" across the fields to where Mary—but no, like John Albee and the last of Grote, I cannot bear to read the volume. Lamb gives us humor,



sympathy, kindness, interest in life and people and the conduct of life; in a word the finest culture. A great English school-teacher once said he believed that if anyone had truly mastered the ninth canto of Milton's *Paradise Lost*, with all its teachings and implications, he might for that alone deserve to be called a cultured man, quality and not quantity being the important thing. I think the *Essays of Elia* would be my choice instead, but there are many, many other gates to learning.

For absorbing, delightful reading try Fanny Kemble's vivid *Recollections of a Girlhood*. Fanny Kemble was a great English actress, the youngest "Juliet" ever on the stage, daughter of an old theatrical family, niece of the famous Mrs. Siddons, grandmother of the American Owen Wister who gave us the incomparable *Virginian*. She has left us her story in three or four volumes, with the most engaging picture of a family full of temperament and genius, their sayings and doings—so much livelier than other people's sayings and doings—and of a girl's life widening out to include endless applause, admiration, the friendship of famous people, travel and adventure—besides much hard work—even a short, dark interlude on a Georgia plantation which gives us a picture of the negro under slavery far more arresting than Mrs. Stowe's. Read her life and pick up the various links it offers with English literature

and it will not be long before you go clad in a shining chain mail of memories and associations which will all have been brought together "with delight."

As for the novels and tales which make for the furnishing of heart and mind and yet are reading for delight, they are too many, but that is another story. The thing is, read! Read, and join the great host of the delighted, from Bacon and men centuries before him to rattling Walt Mason in our daily papers, lightest of fox-trotters with words. "I sit me down in sylvan nooks and read about a million books," says he with his usual flippancy. "All kinds of books I buy and hoard and I'm the guy who's never bored, to whom no days seem long; I see my neighbors groan and yawn and wish the weary hours were gone, the hours that seem all wrong. I see impatient people go to dance, to concert or to show, to pass the eve away; and I sit happily at home and read some large and mildewed tome that makes my spirit gay. And on the cold and stormy nights I have at hand the rare delights that never stale or pall; I walk with grand old seers and bards through cloister or in castle yards where sounds the herald's call. 'Amusement!' is the modern cry; 'let us be entertained or die,' the maudlin millions plead; but I don't care for tinsel shows, for rag-time noise or things like those, for I have learned to read."

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A well-beloved nurse had left the staff to take up public health work in another city. A small adorer was much disappointed to learn that "Nurse" had gone away to Chicago and would later go to England and would never come back. The child said "Will she never come back?"

"No, never," replied the nurse who was taking her place.

And the child answered—

"Please, is England in Heaven?"

## "GOOD EXPERIENCE"

By ELIN SABELSTROM, R. N.

*School Nurse*  
Montrose, Colo.

**W**HENEVER you talk to nurses about their work and any unusual or trying situation that had to be met is related, it nearly always ends with the phrase, "but it was good experience."

My first year in Montrose, Colorado, as school nurse was surely full of "experience." It was new to be styled school nurse because I had only a vague idea of what her duties would be. However, I had been a visiting nurse and it was not difficult to readjust my former practice to my new field.

Almost from my first day there was one epidemic after another. For the past ten years the school children had not been vaccinated, and out of one hundred and fifty physical examinations less than ten per cent gave a history of previous vaccination. In my first monthly report I called attention to this fact, but smallpox had already been carried in by Mexican beet-field workers and before all the children were vaccinated the epidemic had a good start.

As the facilities for isolation were poor it spread rapidly, and before it was over one hundred families had been stricken. Fortunately it was a mild form of smallpox and no deaths resulted. The schools were not closed, for the strict supervision of all the children made it safer for the community to have them open. Case after case was discovered simply by talking to the mothers over the telephone.

During the height of the epidemic the City Council asked me to investigate suspicious cases not reported to the Health Officer. On one of these trips to the country, a mother, whose child had a well-developed case of smallpox, was prevented from making a visit that afternoon to her sister, ill in one of the hospitals.

Shortly after this epidemic, measles and whooping cough broke out.

But, aside from this "good experience," school nursing in a small town is interesting and worth while.

The lower grades have been made acquainted with health chores through Cho Cho stories and the children seem very anxious to follow Cho Cho's advice—in fact it was just through that little clown's good influence that one small boy was permitted to carry his tooth-brush to school for the tooth-brush drill one day.

Before the schools closed last year Cho Cho was dramatized and it proved such a success that after one performance in the school it was found advisable to give it again at the Moving Picture House. The place was packed and over five hundred tickets sold at the price of twenty-five cents for adults and fifteen cents for children. The most unique feature was the vegetable dance—children dressed up as vegetables.

Last year we had a campaign for good teeth. Tooth-brush drills in the lower grades were supplemented by oral hygiene talks in the upper grades, and all grade children went on record for one month brushing their teeth twice daily. The sample tubes of tooth paste, which the Colgate Company so generously furnish any one who asks for them, served as a reward to those who completed their good records. A moving picture on teeth called "Come Clean" also aided in this campaign.

The dental examination was held in March. Records were printed, also special notices to be sent home with each child. The five dentists gave one half-day each to this valuable work, and in one week nine hundred children had their teeth examined, and were advised about treatment. Six weeks later one hundred and forty children had had their teeth corrected, and I am told the dentists were busy

the whole summer. The *State Dental Journal* gave an interesting account of this work.

The physical examinations reveal many defects, particularly of teeth and eyes. Two cases of trachoma were found this year. One only needed treatment and glasses, but the other had to be operated upon. Without a dispensary it is rather difficult to get care for poor children. This year, fortunately, part of the Junior Red Cross fund has been set aside for medical care and the above mentioned children had the benefit of that fund.

As no conveyance is furnished to the school nurse, only the most urgent home calls can be made. Advice to parents in regard to consulting physicians about defects is given almost entirely by notes sent home with the children. Printed forms had been used, but a written note seems to bring better results. At the end of each month corrections of defects are checked. Some parents need to be reminded several times before they realize the importance of the advice given, but on the whole there is a very good response.

As soon as the schools opened this year all the grade children were weighed and measured and it revealed rather startling facts. Fifty-nine per cent were found to be below normal weight, ranging from two to twenty pounds.

To remedy this condition food talks were given, and lists of food

suggestions printed and placed in each room. The local papers assisted by urging the mothers' co-operation, and several milk bottles made their appearance in the lunches carried to school.

It did stimulate the children's interest, particularly in drinking milk. One little girl, who was ten pounds below her normal weight, told me in a rather sorrowful voice, "Our cow is dry, and I can't have any milk to drink." A few days later she came running across the school grounds, frantically waving her hands for me to stop: "Oh, Nurse, I have something to tell you! Our cow ain't dry any more, and I can have all the milk I want to drink!"

After two months the children were again weighed and marked increases in weight were noticed, particularly amongst those who had added milk to their diet.

At the high school a room is fitted out for the Home Nursing Classes. A text book is used, and each student has to serve as a subject for the practical demonstrations. We are the proud possessors of a small Chase Doll.

Since the children form the link between the nurse and the home and the public, a genuine interest in the little folks will help to pave the way to a better understanding of the value of health.

A knowledge of child psychology is very helpful, but without kindness and sympathy one can do so little.

#### CLEVELAND NURSING CENTER

Perry House, Cleveland Nursing Center, 2157 Euclid Avenue, Cleveland, Ohio, extends a cordial invitation to all stranger nurses, who may be in the city and may wish for contact with information regarding the various nursing groups and activities centralized in the Center, to make the Center their headquarters while in the city.

The Nursing Center has a limited number of rooms, which may be occupied by nurses or others connected with nursing interests, who may desire to stay at the Center for a stated period of time. The Center is directly in the shopping section, within a few minutes walk of the principal theaters.

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# ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

*Edited by* ANNE A. STEVENS

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## REVISION OF THE CONSTITUTION AND BY-LAWS

### A WORD FROM THE CHAIRMAN OF THE REVISIONS COMMITTEE

The Revisions Committee submitted a draft for the Revisions of the Constitution and By-Laws. This draft was amended by the Executive Committee and submitted to an attorney for correctness as to form and phraseology. The final draft follows, together with the present Constitution and By-Laws.

The Revisions and Executive Committees have worked with two objects in mind. First: to provide a form of organization which can serve as a means for closer communication with individual Public Health Nurses throughout the country. This more direct contact and more complete and sure representation is provided for by State Organizations for Public Health Nursing becoming branches of the National Organization for Public Health Nursing, and their Presidents thereby automatically becoming members of the Board of Directors of the National Organization for Public Health Nursing.

Second: to provide the most democratic administrative machinery possible for an organization such as ours, with its membership of over 7000 scattered over this great country, which necessitates meetings of the whole membership only at long intervals. This makes desirable the election of a *large representative* Board of Directors. As the Board of Directors can meet more often than the members but not often enough to carry all responsibilities, it is necessary to provide for a smaller Executive Committee within that Board to act in the interval between meetings of the Board of Directors.

Four revisions are suggested to make this administrative machinery more truly democratic. One is the *election* of the *majority* of the Nominating Committee by the members and the *appointment* of the *minority* by the Board of Directors instead of the appointment of the entire Committee by the Board of Directors.

The second is the increase in the size of the Board of Directors to make it more truly representative of all parts of the country through the presidents of the state organizations, and of all members by providing for the election of eight (8) nurse and eight (8) sustaining members.

The third is the provision for voting by mail which gives all members the opportunity to vote, rather than confining the vote to those able to attend conventions. This reversal of the Atlanta vote is made both possible and desirable as the new By-Laws provide for a partially elected Nominating Committee and for at least two nominations for each office. The previous reason for eliminating the mail vote was in order to provide for nominations from the floor, the intention of such a proviso being to make for greater democracy in the election of officers. The Committee has tried to make this proviso in other ways, still allowing for the mail vote for which many members have expressed a strong desire.

The fourth is the provision for the election by the Board of Directors of a new Executive Committee each year.

You will notice a less specific Article about Standing Committees. This is suggested to avoid making By-laws unnecessarily long by including provisions which are just as well,



if not better, left to the Rules of the Board of Directors, since these Committees are appointed for the purpose of carrying responsibility which is delegated to them by the Board of Directors.

You will notice also the suggested change that the Secretary and Treasurer be not elected. This is because the elected secretary of a national organization with many committees and departments is really only a figurehead because the General Director actually does the work of secretary. The Treasurer has so much responsibility that his election is a mere form, for the person who is found by the Board of Directors willing to carry that responsibility has always been the only candidate for the office and therefore automatically elected.

It is suggested as more satisfactory to have these two offices provided for in the By-laws in accordance with our practice.

The entire present Constitution and By-laws is published in this number of the magazine as well as the Draft for the Revisions of that Constitution and By-laws because it is believed members will in this way find it easier to make their decisions than if parts only are published. Our legal adviser tells us it will be possible at the Convention to have the old Constitution and By-laws annulled as a whole. This will greatly simplify the consideration of the revisions, for, as you will observe, not only the content but the whole form is revised.

—Katharine Tucker

## DRAFT FOR REVISION OF CONSTITUTION AND BY-LAWS

### NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

#### CONSTITUTION

##### ARTICLE I

###### *Name*

This Organization shall be known as The National Organization for Public Health Nursing.

##### ARTICLE II

###### *Object*

The object of this Organization shall be:

1. To stimulate responsibility for the health of the community by furthering the establishment and extension of Public Health Nursing, and the education of nurses in Public Health.

2. To develop standards and technique in Public Health Nursing.

3. To facilitate efficient co-operation between nurses and health officials, physicians, boards of trustees, other agencies and persons interested in Public Health.

4. To establish and maintain a central bureau for information, reference and assistance in matters pertaining to Public Health Nursing.

5. To publish periodicals and to issue bulletins from time to time to aid in the accomplishment of the general purpose of this Organization.

#### ARTICLE III

##### *Amendments to Constitution*

This constitution may be amended or annulled at any meeting of the Organization by a two-thirds vote of those present and voting. The proposed amendment or annulment shall be submitted by the Board of Directors or upon request of ten members from at least five different states to the Secretary. A copy of the proposed amendment or annulment with a copy of the part of the constitution to be amended or annulled must be sent to each member of the Organization at least eight weeks before the meeting at which action is to be taken.

#### BY-LAWS

##### ARTICLE I

###### *Membership*

##### SECTION 1.—*Classes of Membership*

The membership of this Organization shall consist of two classes:

###### *Class A—Individual*

1. Nurse member.
2. Associate nurse member.
3. Sustaining member.
4. Honorary member.

###### *Class B—Corporate*

1. Corporate member.
2. Associate corporate member.
3. Sustaining corporate member.

SEC. 2.—*Membership Requirements**Class A—Individual Members*1. *Nurse*

The requirements for nurse membership shall be the minimum standard for the fundamental technical training of nurses as endorsed by the three national nursing organizations: i. e.

"Graduation from a training school for nurses connected with a general hospital having a daily average of thirty patients or more and a continuous training in the hospital of not less than two years. Training shall include practical experience in caring for men, women and children, together with the theoretical and practical instruction in medical, surgical, obstetrical and pediatric nursing. Training may be secured in one or more hospitals. In those states where nurse practice laws have been enacted, registration shall be an additional qualification."

Any nurse who has been approved for nurse membership by the Eligibility Committee shall become a nurse member upon payment of dues as hereinafter provided.

2. *Associate Nurse*

Associate nurse members shall be those nurses not eligible for nurse membership and who have been approved for associate nurse membership by the Eligibility Committee.

Any nurse approved by the Eligibility Committee for Associate nurse membership shall become an associate nurse member upon payment of dues as hereinafter provided.

3. *Sustaining*

Sustaining members shall be those individuals other than nurses who pay dues as hereinafter provided.

4. *Honorary*

Honorary membership may upon recommendation of the Board of Directors be conferred by unanimous vote at any convention of the members upon those who have rendered distinguished service or valuable assistance to the nursing profession or to public health.

Honorary membership shall not be conferred on more than two persons at one convention.

*Class B—Corporate Members*1. *Corporate*

Corporate members shall be those organizations or other groups administratively engaged in Public Health Nursing, 80 per cent of the nursing staff of which is eligible for nurse membership in the National Organization for Public Health Nursing. Any organization which has been approved for corporate membership by the Eligibility Committee shall become a member upon payment of dues as hereinafter provided.

2. *Associate Corporate*

Associate Corporate members shall be those organizations or other groups admini-

stratively engaged in Public Health Nursing not eligible to Corporate Membership. Any organization which has been approved for Associate Corporate Membership by the Eligibility Committee shall become a member upon payment of dues as hereinafter provided.

3. *Sustaining Corporate*

Sustaining Corporate members shall be those bodies interested in Public Health Nursing who pay dues as hereinafter provided.

SEC. 3.—*Privileges of Membership*

1. Voting power as defined under Article X entitled "Voting Body."

2. Receipt of the official magazine.

3. Services of departments maintained by the organization.

4. Eligibility to office as hereinafter provided.

## ARTICLE II

*Dues*SECTION 1.—*Amount of Dues*

(a) Annual dues for nurse and associate nurse members shall be three dollars (\$3.00).

(b) Annual dues for sustaining members shall be five dollars (\$5.00).

(c) Annual dues for corporate and associate corporate members shall be ten dollars (\$10.00), if the nursing staff numbers less than twenty-five (25); twenty-five dollars (\$25.00), if the nursing staff numbers twenty-five (25) or more.

(d) Annual dues of sustaining corporate members shall be five dollars (\$5.00).

SEC. 2.—*Non-Payment*

All privileges of membership shall be forfeited if, after due notice sent to the last known post-office address, dues are not paid within a year from the time they become due. Receipt of the magazine shall cease at the expiration of the year for which dues have been paid.

SEC. 3.—*Reinstatement*

Memberships forfeited may be restored upon payment of current dues.

## ARTICLE III

*Officers*

SECTION 1.—(a) The officers of this Organization shall be a President, a first Vice-President and a second Vice-President who shall be individual nurse members; a Secretary, who shall be the General Director of the Organization, and a Treasurer. The first three shall be elected as hereinafter provided. The last two shall be appointed by the Board of Directors as hereinafter provided.

(b) Honorary Presidents may be elected by unanimous vote at any Biennial Convention.

SEC. 2.—*Term of Office*

The term of office for the President, first Vice-President and second Vice-President shall be two years from the adjournment of the National Biennial Convention at which they are elected.

SEC. 3.—Elected Officers shall be eligible to but two successive terms of office.

SEC. 4.—*Duties*

(a) *The Officers* of the Organization shall be the officers of the Board of Directors and of the Executive Committee, the Secretary without a vote.

(b) *The President* shall preside at all meetings of the Organization, the Board of Directors and the Executive Committee. She shall act as the representative of the Board of Directors, but shall have no power to initiate action contrary to or beyond that authorized by the Board of Directors; shall sign or countersign all certificates, contracts, and other instruments of the Organization as authorized by the Board of Directors; shall make reports to the Directors and members and perform all such other duties as are incident to her office or are properly required of her by the Board of Directors; and shall be member ex-officio of all committees.

(c) *The Vice-President* in the order of her seniority shall in the absence or disability of the President exercise all functions of the office. In the event that the office of President becomes vacant she shall assume the office of President for the unexpired term.

(d) *The Secretary* shall issue notices for and keep minutes of all meetings of the Organization, Board of Directors, and the Executive Committee; shall sign with the President all instruments requiring such signature and shall make such reports and perform such other duties as are incident to her office or are properly required of her by the Board of Directors.

(e) *The Treasurer* shall have the custody of all moneys and securities of the Organization and shall be responsible for all bookkeeping and accounting, and render a monthly statement to the President and the Board of Directors; shall sign or countersign such instruments as require signature of the Treasurer; pay only such bills as have been approved by the General Director or accredited representative; shall perform all duties incident to the office of the Treasurer or properly required by the Board of Directors; shall submit a financial report at the close of each fiscal year; shall give bond for the faithful performance of his duties in such sum and with such securities as may be required, unless waived by the Board of Directors.

SEC. 5.—*Removal from Office*

Any officer or director may be removed and a successor elected at any regular or special meeting of the Organization by a two-thirds vote of the members present and voting.

SEC. 6.—*Vacancies*

In the event of a vacancy in any office except that of President and occurring for any reason other than that of removal, the Board of Directors shall elect a successor who shall serve until the next regular election.

SEC. 7.—*Retiring Officers* and retiring chairmen of Committees shall forthwith turn

over to the General Director all property pertaining to their respective offices.

SEC. 8.—Traveling and other special expenses incurred by Officers or Committees in the service of the Organization when authorized by the Board of Directors may be refunded from the general treasury when approved by the General Director or accredited representative.

ARTICLE IV

*Board of Directors*

SECTION 1.—*Members*

The Board of Directors shall be composed of:

(a) The officers of the Organization as provided in Article III, Section 4-A;

(b) 1. Eight nurse members } elected from the membership at large as  
2. Eight sustaining members } hereinafter provided:

(c) 1. The President of the American Nurses' Association.

2. The President of the National League for Nursing Education.

(d) The Presidents of the State Organizations for Public Health Nursing which shall have become branches of the N. O. P. H. N. through full compliance with the provisions of Articles XV and XVI of these By-Laws.

(e) The Honorary Presidents of this Organization.

SEC. 2.—At the discretion of the President, members of the Advisory Council or Honorary members may attend meetings of this Board of Directors.

SEC. 3.—*Duties of the Board of Directors*

(a) Shall have general supervision and control over the affairs of the Organization.

(b) Shall elect annually from its members, two nurse and two sustaining members, who together with the officers of the Organization, as provided in Article III, Section 4-A, shall serve as the Executive Committee.

(c) Shall appoint a Treasurer who shall serve for two years and be eligible for repeated re-appointment, whose duties shall be as hereinbefore provided.

(d) Shall appoint a general director who shall be the chief administrative and executive officer of the Organization, to whom all members of the staff shall be responsible for the performance of those duties assigned to them.

(e) Shall appoint, in the event of a vacancy in its membership, a member from the same class to serve until the next regular election.

(f) Shall appoint nine months before each Biennial Convention two members of the Organization who shall, together with the three members elected as hereinafter provided, serve as the Nominating Committee. One of these shall be designated as chairman.

SEC. 4.—*Meetings*

(a) *Regular meetings* of the Board of Directors shall be held immediately preceding and immediately following each biennial convention of the Organization and at

least once in the interval between conventions on the call of the President.

(b) *Special meetings* of the Board of Directors may be called at any time by the President, and shall be called by her upon the written request of five members of the Board.

#### SEC. 5.—*Notices of Meetings*

Notices of both regular and special meetings shall be sent by the Secretary to each member of the Board of Directors not less than two weeks before any such meeting. Notices of special meetings shall state the purpose thereof and no other business shall be transacted at a special meeting save that so specified. No notice need be given of adjourned meetings.

#### SEC. 6.—*Quorum*

A quorum shall consist of one-fifth of the members of the Board of Directors, a majority of which shall be nurse members. A majority vote of those present and voting shall be necessary to decide any question that may come before the meeting.

#### SEC. 7.—*Voting*

Voting shall be by members in person, not by proxy and each member shall have one vote.

### ARTICLE V

#### *Executive Committee*

##### SECTION 1.—*Members*

The Executive Committee shall be composed of:

- (a) The officers of the Organization as provided in Article III, Section 4-A.
- (b) Two nurses  
Two sustaining members } Elected as provided in Article IV, Section 3-B.
- (c) A representative of the Publications Committee ex-officio without a vote.

SEC. 2.—Members of the Board of Directors may attend any meeting of the Executive Committee.

#### SEC. 3.—*Vacancies*

Vacancies in the Executive Committee occurring between meetings of the Board of Directors, shall be filled by the Executive Committee from the Board of Directors.

#### SEC. 4.—*Duties*

The Executive Committee shall, subject to the Constitution, By-Laws and rules of the Board of Directors, have general supervision and direction of the affairs of the Organization, and shall exercise the full authority of the Board of Directors in the interim between meetings of the Board of Directors.

#### SEC. 5.—*Meetings*

Meetings of the Executive Committee may be called at any time by the President and shall be called by her upon request of three members of the Executive Committee for the transaction of business.

#### SEC. 6.—*Notices of Meetings*

Notices of meetings of the Executive Committee shall be sent by the Secretary to each member of the Board of Directors not less than ten (10) days before any such meeting.

No notice need be given of adjourned meetings.

#### SEC. 7.—*Quorum*

A quorum shall consist of five members. A majority vote of those present and voting shall be necessary to decide any question that may come before the meeting.

#### SEC. 8.—*Voting*

Voting shall be by members in person, not by proxy, and each member shall have one vote.

### ARTICLE VI

#### *Nominating Committee*

##### SECTION 1.—*Members*

The Nominating Committee shall be composed of five members of the Organization, two of whom shall be appointed by the Board of Directors, one to be designated as chairman, and three of whom shall be elected as hereinafter provided.

##### SEC. 2.—*Duties*

The Nominating Committee shall, subject to the By-Laws, prepare a ticket of nominations consisting of at least two nominees who have expressed their willingness to serve if elected for each office to be filled at the next Biennial election. This ticket shall be mailed to the last known Post-Office address of each member of the Organization at least one month before the Biennial Convention.

### ARTICLE VII

#### *Advisory Council*

##### SECTION 1.—*Members*

An Advisory Council of not less than seven or more than fifteen persons shall be appointed by the Board of Directors upon the nomination of the President.

##### SEC. 2.—*Term of Office*

Members shall serve for two years and be eligible for repeated re-appointments.

##### SEC. 3.—*Meeting*

It shall be convened upon the call of the President or the Board of Directors to render judgment on matters needing special counsel.

### ARTICLE VIII

#### *Meetings*

SECTION 1.—*The Biennial Convention* of the Organization shall be held at such place as shall be appointed by vote of the members at the preceding convention and such time as shall be determined upon by the Board of Directors.

SEC. 2.—*Special Meetings* may be called by the President and shall be called by her when so directed by resolution of the Board of Directors or when requested to do so in writing by members sufficient in number to constitute a quorum for a meeting.

SEC. 3.—*Notices* of both regular and special meetings shall be mailed to the last known post-office address of each member not less than one month before such meeting. Notices



of special meetings shall state the purpose thereof and no other business shall be transacted at a special meeting save that so specified. No notice need be given for adjourned meetings.

#### SEC. 4.—*Quorum*

(a) *Regular Meetings*—Thirty voting members representing at least ten different States, at least twenty of whom shall be nurse members, shall constitute a quorum at any Biennial Convention of the Organization.

(b) *Special Meetings*—Fifty voting members representing at least ten different States and at least thirty-five of whom shall be nurse members shall constitute a quorum at any special meeting.

SEC. 5.—*Order of Business*—At each Biennial Convention of this Organization the order of business shall be in accordance with the program prepared for the convention and shall include:

1. Roll call by States.
2. Reading of minutes of previous meetings.
3. Communications.
4. Biennial reports of officers and Board of Directors.
5. Address of the President.
6. Unfinished business.
7. New business.
8. Recommendations from Sections and Committees.
9. Election of officers.
10. Report of Tellers.
11. Adjournment.

### ARTICLE IX *Elections*

#### SECTION 1.—*Officers of the Organization*

Officers of the Organization other than the Treasurer and Secretary shall be elected at each Biennial Convention. Of the candidates named for President and First Vice-President the one receiving the largest number of votes shall be declared elected President and the candidate receiving the next largest number of votes shall be declared elected First Vice-President. The candidate for Second Vice-President receiving the largest number of votes shall be declared elected Second Vice-President.

#### SEC. 2.—*Board of Directors*

(a) One-half of the elected members of the Board of Directors shall be elected at each Biennial Convention; except that in 1922 the whole number of elected members shall be elected in two groups: Group 1, composed of four nurse members and four sustaining members to serve two years; Group 2, composed of four nurse members and four sustaining members to serve for four years.

(b) The four candidates from the nurse member candidates and the four candidates from the sustaining member candidates receiving the largest number of votes shall be declared elected Directors; except that in 1922 in Group 1, the four candidates from the nurse member candidates and the four

candidates from the sustaining member candidates receiving the largest number of votes shall be declared elected Directors for two years: in Group 2, the four candidates from the nurse member candidates and the four candidates from the sustaining member candidates receiving the largest number of votes shall be declared elected Directors for four years.

#### SEC. 3.—*Nominating Committee*

The three elected members of the Nominating Committee shall be elected at each Biennial Convention. Of the candidates named, the three receiving the largest number of votes shall be declared elected members of the Nominating Committee, to serve two years.

#### SEC. 4.—*Voting*

Members shall be entitled to vote, as set forth in Article X, in person on all questions; and by mail or in person for the election of officers, Directors, and members of the Nominating Committee.

#### SEC. 5.—*Tie Vote*

In case of a tie, lots shall be drawn to decide who shall be declared elected.

### ARTICLE X *Voting Body*

The voting body of this Organization shall be made up as follows:

(a) *Nurse members* shall have full voting power;

(b) *Associate Nurse members* shall vote on all matters excepting those pertaining to the technical questions of membership and nursing education.

(c) *Sustaining members* shall vote on all matters excepting those pertaining to the technical questions of membership and nursing education.

(d) *Honorary members* shall vote as sustaining members unless they are already nurse members.

(e) *Corporate members* shall be entitled to two delegates who shall be members of this Organization, at least one of whom shall be a nurse member. In addition to the vote to which each delegate is entitled as an individual member, she may exercise her voting power in casting one vote for the association represented.

(f) *Associate Corporate members* shall be entitled to one delegate who, in addition to her individual vote, may cast for the association represented, the vote of an associate nurse member.

(g) *Sustaining Corporate members* shall be entitled to one delegate who, in addition to her individual vote, may cast for the association represented, the vote of a sustaining member.

### ARTICLE XI *Standing Committees*

There shall be the following *Standing Committees*:

Finance  
Eligibility  
Publications  
Membership  
Education

and such other Committees as the Board of Directors shall deem desirable and with such functions as the Board of Directors may determine.

## ARTICLE XII

### *Sections*

SECTION 1.—Sections representing the different phases of Public Health Nursing may be developed as the need arises by special committees after authorization by the Board of Directors.

SEC. 2.—Each section may make and amend, subject to the approval of the Board of Directors, by-laws for its government provided they shall in no way conflict with the by-laws of the National Organization for Public Health Nursing.

SEC. 3.—Chairmen of sections shall submit annual reports to the Board of Directors. Questions of policy shall be subject to the approval of the Board of Directors.

## ARTICLE XIII

The fiscal year of this Organization shall be the Calendar year.

## ARTICLE XIV

### *Parliamentary Procedures*

Deliberations of all meetings of this Organization shall be governed by "Parliamentary Usage for Women's Clubs" by Emma Fox.

## ARTICLE XV

### *Branches*

The term "Branch" in these by-laws shall be understood to apply to that State Organization for Public Health Nursing in any state of the United States of America, the

District of Columbia or in any territorial possession or dependency of the United States of America organized as provided in Article XVI and approved as such by the Board of Directors of the National Organization for Public Health Nursing, and their rights, privileges, responsibilities and obligations as Branches of the Organization shall be equal.

## ARTICLE XVI

### *Duties of Branches*

SEC. 1.—Each Branch of the National Organization for Public Health Nursing shall send to the General Director of this Organization the names and addresses of all officers immediately after their election or appointment.

SEC. 2.—Their constitutions and By-Laws shall not contain provisions contrary to the Constitutions and By-Laws of the National Organization for Public Health Nursing. They shall file a copy of same with the General Director of this Organization.

SEC. 3.—Branches shall confer with the General Director of the National Organization for Public Health Nursing before adopting any proposed amendments to their constitutions and by-laws.

SEC. 4.—They shall report to the Board of Directors of this Organization as may be required.

SEC. 5.—They shall co-operate with the National Organization for Public Health Nursing in the collection of membership dues.

## ARTICLE XVII

### *Amendments*

SECTION 1.—These By-Laws may be amended or annulled by a majority vote of the members present and voting at any regular or special meeting of the Organization, provided notice of the proposed amendment or annulment shall have been sent to each member four weeks before such meeting.

# PRESENT CONSTITUTION AND BY-LAWS

AS REVISED AT ATLANTA, AND SPECIAL MEETING, DEC. 1920.

## CONSTITUTION

### ARTICLE I

#### *Name*

This organization shall be known as The National Organization for Public Health Nursing.

### ARTICLE II

#### *Object*

The object of this Organization shall be to stimulate responsibility for the health of the community by the establishment and the extension of public health nursing; to facilitate efficient co-operation between nurses, physicians, boards of trustees, and other persons interested in public health measures; to develop standards and technique in

public health nursing service; to establish and maintain a central bureau for information, reference and assistance in matters pertaining to such service; and to publish periodicals or issue bulletins from time to time to aid in the accomplishment of the general purpose of this Organization.

### ARTICLE III

#### *Members*

There shall be the several classes of members as set forth in the By-Laws.

### ARTICLE IV

#### *Officers*

The officers shall be a President, a First Vice-President, a Second Vice-President, a Secretary and Treasurer.

## ARTICLE V

*Amendments*

SECTION 1.—This constitution may be amended at any meeting of the Organization by a two-thirds vote, the proposed amendment having been submitted by the Board of Directors or by ten members from at least five different states and mailed to each member of the Organization at least eight weeks before the meeting at which action is taken.

SEC. 2.—By-Laws and standing rules may be amended at any meeting by a majority vote, the proposed amendment having been mailed to each member of the Organization at least eight weeks before the meeting at which action is taken.

SEC. 3.—Minor amendments to constitution and by-laws may be made at any biennial convention without previous notice by the unanimous vote of all members present.

## BY-LAWS

## ARTICLE I

*Meetings*

SECTION 1.—*The Biennial Convention* shall be held at the time and place appointed by vote of the members at the preceding convention.

SEC. 2.—Special Meetings may be called by the President and shall be called by her when so directed by resolution of the Board of Directors or when requested to do so in writing by members constituting a quorum for a meeting.

SEC. 3.—Notice of both regular and special meetings shall be mailed to the post office address of each member not less than one month before such meeting. Notices of special meetings shall state the purpose thereof and no other business shall be transacted at a special meeting save that so specified. No notice need be given for adjourned meetings.

SEC. 4.—Thirty voting members, representing at least ten different states, at least twenty of whom are active members, shall constitute a quorum at any biennial convention of the Organization.

Fifty voting members, representing at least ten different states, and at least thirty-five of whom shall be active members, shall constitute a quorum at any special meeting.

SEC. 5.—Officers and Directors shall be elected at biennial conventions. Voting shall be by ballot. Members shall be entitled to votes as set forth in Section 6. A majority of votes cast shall constitute an election.

SEC. 6.—*The Voting Body of the Organization* at each convention shall be made up as follows:

(a) Active Individual Members with full voting power.

(b) Active Corporate Members shall be entitled to two delegates, at least one of whom shall be eligible to active membership,

and provided both delegates are eligible, to two unqualified votes. If only one duly qualified delegate is in attendance, she may cast two votes for the association she represents. A delegate who is not eligible to active membership may vote upon all matters other than technical questions pertaining to the practice of nursing, to nursing education and legislation, and for officers and directors.

(c) Associate Individual Members shall vote upon all matters except those involving technical questions pertaining to the practice of nursing, to nursing education and legislation, and for officers and directors.

(d) Associate Corporate Members shall be entitled to one delegate who shall rank as an Associate Individual Member.

(e) Sustaining Members shall have vote upon all matters except those involving technical questions pertaining to the practice of nursing, to nursing education and legislation, and for officers and directors.

(f) Guarantors shall vote as sustaining or associate corporate members, unless they are already active members.

(g) Honorary Members shall vote as sustaining members unless they are already active members.

SEC. 7.—*Balloting.* On the first day of the convention, the President shall appoint inspectors of election and tellers, one of whom shall be designated by the President as chairman of inspectors and one as chairman of tellers. Additional inspectors and tellers may be appointed by the convention. The Secretary shall furnish to the chairman of the tellers, not less than two hours before the opening of the polls, a complete register of the various members entitled to vote, the names and the number of delegates present and the number of votes to which each delegate present is entitled. There shall be at least one inspector and one teller in charge of the register and at least one inspector and one teller in charge of each ballot box. The teller in charge of the register shall check the names of the delegate or member voting. The teller in charge of the ballot box shall place her official mark upon the back of the ballot and the voter shall then deposit the ballot. Polls shall be open for such period of time as shall be specified by the Board of Directors.

SEC. 8.—The Order of business at each biennial convention shall be the program as submitted by the Convention Committee and adopted by the convention but shall include reports of officers, reports of standing committees, reports of sections and approval of minutes.

## ARTICLE II

*Membership*

SEC. 1.—*Membership* shall be of five classes:

Class 1.—Active

(a) Individual

(b) Corporate

## Class 2.—Associate

(a) Individual

(b) Corporate

## Class 3.—Sustaining

## Class 4.—Guarantors

## Class 5.—Honorary

Class 1.—The requirements for individual active membership shall be:

(a) Graduation from a training school for nurses connected with a general hospital having a daily average of thirty patients or more and a continuous training in the hospital of not less than two years. Training shall include practical experience in caring for men, women and children, together with theoretical and practical instruction in medical, surgical, obstetrical and children's nursing. Training may be secured in one or more hospitals.

In those states where nurse practice laws have been secured, registration shall be an additional qualification.

Candidates for active membership shall be provided by the Executive Secretary with blanks, which shall be properly filled out and returned. A majority vote of the committee on eligibility shall be necessary to elect. After January first, 1921, any nurse who has been elected to active membership may become a member upon payment of three dollars, which shall be the dues for one year.

(b) Active Corporate Membership shall consist of organizations engaged in Public Health Nursing whose entire nursing staff is eligible for active membership, and other groups which incorporate in their by-laws the membership standards of the National Organization for Public Health Nursing and use similar credential forms, and whose entire nurse membership is eligible for active membership; excepting that, until two years after peace has been declared, any organization engaged in Public Health Nursing shall be eligible provided sixty per cent of its nursing staff or nurse membership is eligible for active membership. A majority vote of the committee on eligibility shall be necessary to elect. After January first 1921, any organization which has been elected to active membership may become a member upon payment of ten dollars if its staff numbers less than twenty-five nurses, and twenty-five dollars if its staff numbers twenty-five nurses or over, which shall be the dues for one year.

Class 2.—Individual Associate Membership shall consist of nurses not eligible to active membership. Candidates for associate membership shall be provided by the Executive Secretary with blanks, which shall be properly filled out and returned. A majority vote of the committee on eligibility shall be necessary to elect.

(a) Any nurse who has been elected to associate membership may become a member upon payment of Three Dollars, which shall be the dues for one year.

(b) Corporate Associate Members shall be those associations not eligible to active membership. A majority vote of the committee on eligibility shall be necessary to elect. Any Organization which has been elected to Associate Membership may become a member upon payment of Five Dollars which shall be the dues for one year.

Class 3.—Sustaining Members shall be those individuals other than nurses who annually contribute not less than five dollars.

Class 4.—Guarantors shall be those individuals and organizations making special contributions.

Class 5.—Honorary Membership may, upon recommendation of the Board of Directors, be conferred by unanimous vote at any convention of the members upon those who have rendered distinguished service or valuable assistance to the nursing profession or to public health work.

Honorary membership shall not be conferred on more than two persons at one annual meeting.

SEC. 2.—*Withdrawal.* Any member may withdraw from the Organization by sending written notice of such intention to the committee on membership, provided all dues shall have been paid to date.

SEC. 3.—*Reinstatement.* Restoration to active or associate membership shall be possible by making the usual application and paying the current dues. Where membership has been forfeited for non-payment of dues, all arrears shall be paid before membership shall be restored.

SEC. 4.—*Privileges of Membership:*

(a) Voting powers as defined in Article I. Section 6.

(b) The official magazine without extra charge.

(c) Attendance upon all conventions and participation in discussions of all questions.

## ARTICLE III

*Dues*

SECTION. 1.—Annual dues for individual members, both active and associate, shall be three dollars (\$3.00).

SEC. 2.—Annual dues for Active Corporate Members shall be ten dollars (\$10.00) for associations with staffs numbering less than twenty-five nurses, and twenty-five dollars for associations with staffs numbering twenty-five nurses or over.

SEC. 3.—Annual dues for Associate Corporate Members shall be Five Dollars (\$5.00).

SEC. 4.—Annual dues for Sustaining Members shall be Five Dollars (5.00) or more.

SEC. 5.—All dues are payable annually upon notice from the Treasurer.

SEC. 6.—Active and Associate Memberships shall be forfeited if the dues have



not been paid within a year from the time they become due, unless they have been remitted by the Board of Directors.

#### ARTICLE IV

##### *Board of Directors*

SECTION 1.—The Organization shall elect fourteen active members and four sustaining members to serve as Directors, who, together with the President, First Vice-President, Second Vice-President, Secretary and Treasurer, and the Presidents of the American Nurses' Association, the National League of Nursing Education, as members "ex-officio," shall constitute the Board of Directors.

At the special meeting held in December 1918, two sustaining members shall be elected to serve until the biennial convention in 1920, and two to serve until the biennial convention in 1922. In 1920 and at each biennial convention thereafter, active individual members and sustaining members shall be elected to succeed Directors of the same class whose terms expire that year.

If more persons receive a majority of all votes cast than the number of Directors to be elected at that time, the persons receiving the highest number shall be declared elected. In case of a tie, the choice shall be decided by lot.

SEC. 2.—*Regular Meetings* of the Board of Directors shall be held at the call of the President or of any three members of the Board, two of whom shall be active members.

SEC. 3.—*Special Meetings* of the Board of Directors may be called at any time by the President and shall be called by her upon written request of five members of the Board, or may be held at any time or place without notice and for the transaction of any business by unanimous written consent of all members or by the presence of all members at such meeting.

SEC. 4.—*Notices* of both regular and special meetings shall be sent by the Secretary to each member of the Board not less than ten days before any such meeting. Notices of special meetings shall state the purpose thereof, and no other business shall be transacted at a special meeting save that so specified, unless by unanimous consent of all its members. No notice need be given of adjourned meetings.

SEC. 5.—*A quorum* shall consist of five members, three of whom shall be active members.

SEC. 6.—*Voting.* Each member of the Board present in person at any meeting shall have one vote.

SEC. 7.—*Duties of Board of Directors.* It shall transact the general business of the Organization in the interim between biennial meetings. In the event of a vacancy in its membership, the Board shall appoint a member to serve until a successor shall have been elected.

SEC. 8.—*An Executive Committee* of five members shall be elected biennially by the Board of Directors from among its own number. To this Committee the Board of Directors shall delegate power to manage all affairs of the Organization for the interim between board meetings.

SEC. 9.—*An Executive Secretary* may be appointed by the Board of Directors to execute its instructions. She shall attend the meetings of the Board of Directors, the Advisory Council, and the various committees, and, may be appointed Secretary of those bodies which need such service.

SEC. 10.—*The Active Work of the Organization* shall be divided into Departments as need arises, and shall be carried on by active members, acting as secretaries and heads of those departments, responsible to the Executive Secretary.

#### ARTICLE V

##### *Officers*

SECTION 1.—The President, First Vice-President, Second Vice-President, and Secretary shall be active members. The Treasurer may be a sustaining member.

An Honorary President may be elected at any biennial convention.

The regular term of office of all officers and directors shall begin at the adjournment of the biennial convention at which they are elected.

Officers are eligible to one immediate re-election.

Any officer may be removed and a successor elected at any regular or special meeting of the Organization by a two-thirds vote of the members present.

SEC. 2.—The officers of the Organization shall be the officers of the Board of Directors. The President shall have general supervision of the affairs of the Organization; shall sign or countersign all certificates, contracts and other instruments of the Organization as authorized by the Board of Directors; shall make reports to the directors and members, and perform all such other duties as are incident to her office or are properly required of her by the Board of Directors.

SEC. 3.—The Secretary shall issue notices for all meetings of the Organization and of the Board of Directors; shall have charge of the seal and corporate books; shall sign with the President all instruments requiring such signature and shall make such reports and perform such other duties as are incident to her office or are properly required of her by the Board of Directors. The routine duties of the Secretary may be performed by the Executive Secretary if so directed by the Board of Directors.

SEC. 4.—*The Treasurer* shall have the custody of all moneys and securities of the Organization and shall keep regular books of account and balance the same each month, rendering a monthly statement to the President and to the Board of Directors. He shall sign or countersign such instruments as require his signature; pay only such bills as

have been approved by the President and Secretary or accredited representative; shall perform all duties incident to his office or that are properly required of him by the Board, and shall give bond for the faithful performance of his duties in such sum and with such sureties as may be required by the Board of Directors. He shall submit a financial report at the close of each fiscal year.

*The Fiscal Year* shall correspond with the calendar year.

SEC. 5.—*All Retiring Officers, Heads of Departments, Sections and Committees*, shall, forthwith, turn over to their successors or to the Board of Directors all organization property in their possession.

SEC. 6.—*Necessary Expenses* incurred by officers or committees in the service of the Organization may be refunded from the general treasury by order of the Board of Directors if previously approved by them.

## ARTICLE VI

### *Councils and Committees*

SECTION 1.—There shall be two groups of standing committees, administrative and professional.

SEC. 2.—The Administrative Committees shall be:

(a) An Advisory Council, consisting of seven to fifteen persons.

(b) Council of State Representatives, consisting of one lay member and one nurse member for each state.

(c) Committee on Finance, consisting of five members.

(d) Committee on Budget, consisting of three members.

(e) Committee on Publications, consisting of five to seven members.

(f) Committee on Eligibility, consisting of five active members.

(g) Committee on Nominations, consisting of three active members.

(h) Committee on Convention consisting of three to five active members.

SEC. 3.—*The Advisory Council* shall be appointed by the Board of Directors upon nomination by the President, to serve two years.

It shall be convened on the call of the President or the Board of Directors, to render judgment on matters needing special counsel.

SEC. 4.—*The Chairman of the Council of State Representatives* shall be appointed by the President.

The Council of State Representatives shall promote the development of Public Health Nursing within the several states.

SEC. 5.—*A Committee on Eligibility* shall be appointed, consisting of five active members. It shall pass upon all applications for active and associate membership. It shall entertain formal complaints regarding a member, provided they are presented in writing and duly signed by not less than seven members. If a member, after due notice and opportunity to be heard, shall be declared unfit for membership by the Committee on Eligibility, she shall be dis-

missed from the Organization. Such a member, however, shall have a right of appeal to the Board of Directors.

SEC. 6.—*The Committee on Finance*, of which the Treasurer shall be chairman, shall have a general oversight of the finances and shall provide for an annual audit by a certified accountant. No investments shall be made without the approval of this Committee.

SEC. 7.—*The Committee on Budget* shall consist of the President, the Executive Secretary, the Treasurer, and two members of the Board of Directors appointed by the President.

This Committee shall be responsible for preparing the annual budget and such special budgets as may be found necessary for emergency work.

SEC. 8.—*A Committee on Nominations* consisting of three members shall be appointed by the President and ratified by the Board of Directors.

This Committee shall present a ticket to be voted upon at the annual convention, consisting of two nominees, who shall have expressed a willingness to serve if elected, for each office to be filled. This ticket shall be mailed to each member at least one month previous to the convention. Additional nominations may be made from the floor.

SEC. 9.—*The Committee on Publications* shall edit and publish the official magazine, and such other publications as may be requested by the Board of Directors. The Editor shall be a member of this Committee.

SEC. 10.—*The Convention Committee* of which the Executive Secretary shall be chairman shall prepare the program and make all necessary arrangements for the Convention.

SEC. 11.—*Professional Committees* shall be appointed to deal with the development of public health activities representing various branches of nursing, such as:

(a) Public Health Nursing Education

(b) Administrative Methods for urban, rural and county organizations

(c) Records and Reports

(d) Public Health Nursing (including generalization or specialization of the various types of public health nursing)

(e) General Community Welfare and Sanitation.

SEC. 12.—*Other Standing Committees* may be authorized by the Board of Directors as deemed necessary from time to time.

SEC. 13.—*Sections* representing the different branches of nursing may be developed by the Standing Committees.

Each section may elect its own officers and make its own by-laws, provided they shall in no way conflict with the By-Laws of the National Organization for Public Health Nursing.

SEC. 14.—*Appointments* of Chairmen of Committees shall be made by the President, subject to ratification by the Board of Directors, except as herein otherwise provided.

The Chairmen shall have power to appoint the remaining members of their committees, subject to the same ratification.

SEC. 15.—*The Term of Service* of all members of Standing Committees, when not otherwise specified, shall terminate at the close of the biennial convention following their appointment.

SEC. 16.—*All Sections and Committees* shall submit an annual report to the Board of Directors. Their actions shall be subject to the approval of the Board of Directors.

## ARTICLE VII

### *Parliamentary Procedure*

Deliberations of all meetings of this Organization shall be governed by "Parliamentary Usage for Women's Clubs," by Mrs. Emma A. Fox.

## ARTICLE VIII

### *Amendments*

The by-laws may be amended or annulled by a majority vote of the members present at any regular or special meeting of the Organization, provided notice of the proposed amendment or annulment shall have been sent to each member four weeks before such meeting.

# TRANSPORTATION TO SEATTLE

Because of adjustments being made in transportation by various Railroad Divisions, *final* rates and routes cannot be given in this issue. May number will give more definite information regarding railroad rates, routes, and hotel accommodations.

The following gives outlines regarding various divisions:

Special Chicago train over Burlington and Great Northern, with a two-day stop at Glacier National Park, returning route not determined. Write Minnie H. Ahrens, American Red Cross, 308 North Michigan Avenue, Chicago, Ill.

A special train from Atlanta, Ga., to Seattle, via Glacier National Park, returning by way of Grand Canyon. Write Miss Jane VandeVrede, American Red Cross, Southwestern Division, 464 North Blvd., Atlanta, Ga.

A large group from New York, including delegates from Connecticut, Delaware, Maryland, Pennsylvania, New Jersey, are arranging two attractive itineraries. The most popular route seems to be Canadian Pacific by way of Montreal, with twenty-four hour stop at Banff and Lake Louise. Write Miss Florence Johnson, 129 E. 17th St., American Red Cross, Atlantic Division, New York City.

Transportation is being arranged for the New England delegates who will likely join the New York group. Write Miss Mary K. Nelson, American Red Cross, 73 Newberry Street, Boston, Mass.

Delegates from Ohio, Kentucky, West Virginia, Michigan, Indiana, should confer with

Miss Malinda Havey, American Red Cross, 4021 Prospect Ave., Cleveland Ohio. Undoubtedly this group will join the Chicago delegation.

Miss Olive Chapman, 901 Equitable Bldg., St. Louis, is planning routes for the nurses of Colorado, New Mexico, Oklahoma, Texas, Missouri and Arkansas.

The nurses of the Pacific Division—Washington, Oregon, Idaho, California, Nevada, Utah and Arizona—should confer with Miss Lillian White, Civic Center, American Red Cross, San Francisco, Cal., or with Miss Grace Harrington, 315 University Street, Seattle, under whose direction plans for special rates are being formulated.

It is understood that the certificated plan will be used for delegates in territories not served by summer tourists' rates.

*Round-trip ticket*, not including meals, Pullman or incidental expenses, as follows:

Dates of Sale: May 15th to September 30th, inclusive.

Final return limit: October 31st.

Stop-overs: All points en route within final limit of ticket.

Baltimore .....	\$130.45	Minneapolis..	\$ 72.00
Boston.....	144.80	New York.....	138.35
Buffalo.....	116.10	Omaha.....	72.00
Chicago.....	86.00	Philadelphia..	133.15
Cincinnati.....	102.45	Pittsburgh.....	113.05
Cleveland.....	105.65	St. Louis.....	83.00
Columbus.....	104.00	St. Paul.....	72.00
Detroit.....	101.70	Toledo.....	99.50
Indianapolis..	96.00	Washington..	130.45
Kansas City..	72.00		

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## LIBRARY DEPARTMENT—BOOK NOTES

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*Edited by A. M. CARR*

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### A FORM OF RECORD FOR HOSPITAL SOCIAL WORK

Including suggestions of organization

*Gertrude L. Farmer*

1921. Lippincott. \$1.50.

THE author, Director of Social Work of the Boston City Hospital, presents a clear and concise explanation of the system of recording, resulting from years of experience in hospital social work. The forms are a challenge to the intellect of the worker, as the stress is put upon the necessity for clear thinking before the first step is taken.

Miss Farmer believes that social work fails more often from lack of a clear conception of the things to be accomplished and from lack of a definite plan, rather than from the limited time and energy to be expended on each case. Every effort is made to eliminate all recording except those facts necessary for a clear picture, and provision is made for a short record and a long case history when this is warranted.

The introduction of this form of record should go a long way toward standardizing hospital social work, and to promote a uniform system of recording and the collecting of statistical data. The book also contains many suggestions on organization, which will be helpful to all workers in their field. The study of these record forms will stimulate any public health nurse and create a keen desire for clear-cut action, made possible by clear thinking in advance.

*F. M. P.*

### ALL THROUGH THE DAY THE MOTHER GOOSE WAY

*By Jean Broadhurst*

1921. Lippincott. \$0.75.

A delightful help towards the very early formation of health habits is this new Mother Goose—bent to the prevailing desire to make health a happy, unconscious possession. Young mothers should welcome this;

nurses and teachers will enjoy as well as appreciate this little book with the "Zookie" figures.

### A REVIEW

*By Mary Beard*

Instructive District Nursing Association  
Boston, September, 1921.

The interpretation of the work of the Boston Instructive District Nursing Association "entering its 36th year" as given by Miss Beard in this "Review" is unusually stimulating and interesting. It gives in a striking, effective way a statement of policies developed through years of progressive growth in the field of public health nursing. The statistical data, from which all non-essentials seem to have been eliminated, are accurately interpreted and greatly strengthen the value of the whole.

The Review should be of outstanding value to every executive, to-be executive, committee and student of the public health nursing field.

The Bulletin of the Department of Public Health of the city of Philadelphia for November contains an admirable account of the organization and function of the Nursing Service of the Department by S. Lillian Clayton, also of the organization of the nursing service of the Division of Child Hygiene. Very interesting, we think, to all visiting nurse associations.

The U. S. Public Health Service has recently issued a compilation of abstracts from recent medical and public health papers, arranged especially for the use of nurses who are interested in the Venereal Disease problem. The compilation can be obtained from the Division of Venereal Diseases, U. S. Public Health Service, Washington, D. C.



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## RED CROSS PUBLIC HEALTH NURSING

*Edited by* ELIZABETH G. FOX

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**I**T IS with very real regret that we are releasing Charlotte Elizabeth Van Duzor from our staff at National Headquarters so that she may re-establish the work of the Vocational Secretary of the National Organization for Public Health Nursing. She has been in the service of the Red Cross for seven years and has done excellent work both as a field nurse and as a headquarters executive. Our only comfort in giving her up is that she is going to our greatest friend and ally so that she will still be in close relation to the Red Cross and there will be no real separation.

Graduating from the Presbyterian Hospital in 1911 and before entering the service of the Red Cross, Miss Van Duzor had much valuable public health nursing experience as a visiting nurse both in the city and in rural districts and organized school nursing in Watertown, N. Y. After two years' experience in the Medical Social Service Department of Bellevue Hospital, where she left an excellent record, she entered the Town and Country Nursing Service of the Red Cross as school nurse for Kent County, Michigan, where she did an outstanding piece of work which is still a model to be followed by rural school nurses. For the last four years she has been attached to the staff at National Headquarters as Assistant to the Director of the Public Health Nursing Service. We feel that our loss will be the gain of the National Organization for Public Health Nursing.

\* \* \*

By the time this issue is distributed, Virginia M. Gibbes, formerly Assistant Director of Public Health Nursing for the Southern Division of the Red Cross, will be on her way to

the Philippines to take up her work as Organizing Public Health Nurse for the Manila Chapter. Miss Gibbes has recently been making a study for the Red Cross of organization effected by the chapter nurses and of their use of volunteers which will be of great interest and value to nurses and chapters alike. Although Miss Gibbes' services will be greatly missed here, there appears to be an excellent opportunity for the Manila chapter to supplement the public health nursing work already undertaken in the Philippine Islands. For this the services of a highly trained and experienced Public Health Nurse are needed and Miss Gibbes is particularly qualified to undertake it. There have already proved to be a number of ways in which the chapter could be of assistance to the governmental public health program. Miss Gibbes will make a study of the situation with the idea of developing the chapter public health nursing service in harmony with and supplementary to the work of the governmental health agencies.

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### A CORRECTION

It is feared that a wrong impression of the work of the Comité American pour la Région Dévastée de la France has been given by a statement in the résumé of the report of Miss Gardner's European trip contained in the January issue of the magazine.

This work in devastated France was never done by the American Red Cross, a very temporary arrangement only having been made by which three Red Cross nurses were loaned to the Committee to assist in the work for a short time. These nurses, though gladly welcomed, formed but a small proportion of the staff.

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## NEWS FROM THE FIELD

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### BI-WEEKLY BULLETINS ON HEALTH LEGISLATION

**T**HE first of the bi-weekly bulletins on State health legislation issued by the United States Public Health Service and the National Health Council appeared on February 1, 1922.

These bulletins represent the first systematic attempt in the history of public health to issue in collected form impartial abstracts of current State health legislation. They are published in Washington under the direct supervision of Assistant Surgeon General C. C. Pierce of the U. S. Public Health Service with the advice and assistance of Dr. D. B. Armstrong, Executive Officer of the National Health Council. The editorial work is done by James A. Tobey, Washington Representative, National Health Council.

At present ten State legislatures are meeting and two more will meet later in the year. The subjects covered in these bi-weekly bulletins include general public health, general sanitation (milk, food and drugs, water supply, sewage disposal and housing), control of disease, tuberculosis, social hygiene, mental hygiene, medical practice, nursing, sickness insurance and other health matters. The Public Health Service and the National Health Council also have the assistance of representatives of other Federal Departments and various voluntary associations in the States.

### COURSE IN WORK FOR THE HANDICAPPED

A course in the Rehabilitation and Re-education of Handicapped persons is announced for the summer session of Harvard University, July 10th to August 19th. The course will be under the direction of Mr. W. I. Hamilton, Industrial Research Secretary of the National Tuberculosis Association, and he will be assisted by specialists.

### AMERICAN NURSES' ASSOCIATION TO RAISE DUES

At the coming convention of the American Nurses' Association an amendment will be submitted to the delegates providing for an increase of dues from 15 cents per capita to 50 cents per capita. The present income from dues is not sufficient to meet the needs of a live, growing, national organization. The work at National Headquarters is becoming more important as it becomes better known, and when the work of secretary and treasurer is done there, in addition to the present activities of that office, the members will grow accustomed to turning there for all sorts of information and advice. In time it is hoped that branch offices may be established in other parts of the country, but our task at present is to make the New York office of the greatest possible use to the membership of the Association and to the public. If the dues are raised to fifty cents at this convention, it will probably provide the association with a sufficient income for its work for some years to come.

### NATIONAL HOSPITAL DAY

Hospitals of all sizes and types are showing an increasing interest in National Hospital Day as the date for the second annual observance of this movement, May 12, approaches.

National Hospital Day was originated last year for the purpose of acquainting people with hospitals and hospital service, and brought many unexpected benefits to the 1500 institutions throughout the United States and Canada which took part in the pioneer movement. There were innumerable donations of money, supplies and equipment, while a large number of applications were received from high-school girls and other young women to whom the "day" so clearly presented the ideals and opportunities of nursing.

## ANNUAL REPORTS

*Connecticut*

The Fifteenth Annual Meeting of the Connecticut Organization for Public Health Nursing was held in Bridgeport, January 24, 1922. Dr. John F. Bresnahan, Superintendent of the Bridgeport Hospital, welcomed the nurses to Bridgeport.

Thirty-two active members and five corporate members were admitted during the year, making the membership through the year, one honorary member, one associate member, 159 active members and 38 corporate members.

One of the important pieces of business transacted was the adoption by the Organization of Standards, Rules and Regulations for governing Public Health Nursing Associations in Connecticut.

The question of sending a delegate of this Organization to the Seattle meeting was discussed and the motion was carried that as the treasury can not afford to pay the expenses of a delegate, each nurse member should be asked to contribute \$1.00 to a fund to send a nurse delegate to the meeting. Mrs. Edmund D. Smith, Chairman of the Lay Member Section, announced that at the morning meeting it was decided to ask each Public Health Nurse Association in the state to contribute \$3.00 to this fund.

The speaker of the afternoon was Miss Alice Fitzgerald, formerly Chief of the Nursing Service of the League of Red Cross Societies. Miss Fitzgerald gave a most inspiring address.

The following officers were elected:

President—Nellie Ogilvie, R. N., Hartford.  
Vice-President—Rose Heavren, R. N., Essex.  
Second Vice-President—Marie A. J. Barrett, R. N., Hartford.  
Secretary and Treasurer—Martha Peters, R. N., Canaan.

*Councilors*

Margaret K. Stack, R. N., Hartford.  
Mary Wright, R. N., Waterbury.  
Sara A. Keevers, R. N., Willimantic.  
Maude Churchill, R. N., Washington.  
Elizabeth Bigelow, R. N., Meriden.

Margaret K. Stack has been Secretary and Treasurer of this Organization for seven years, and in apprecia-

tion of her service she was presented with seven dozen roses.

*Evanston, Ill.*

The Visiting Nurse Association of Evanston has published its Twenty-Fifth Annual Report, for the year ending December 31st, 1921. The report shows 659 patients cared for during the year and 3458 visits made. An effort has been made by the Visiting Nurse to overcome the prejudice existing in many minds against public institutions; and the fact that 28 more patients went to hospitals during the year would seem, perhaps, to indicate that this effort is bearing fruit.

*Pittsburgh*

The Public Health Nursing Association of Pittsburgh held its second annual meeting January 27th. The meeting was unique in that it was an all-day affair. A luncheon was held at the William Penn Hotel, to which were invited all people who were especially interested and those who have been contributors. The luncheon was attended by 250 people; the Allegheny County Medical Society was splendidly represented, as also the industries of the Pittsburgh district.

The Public Health Nursing Association invited Dr. Haven Emerson to Pittsburgh. He addressed the luncheon meeting, stressing throughout his splendid lecture that effective public health service can only be done through the medium of a well-equipped, well-trained, adequately manned staff of Public Health Nurses; that every community should consider it their obligation to see that there were a sufficient number of nurses to a unit population, in order to be able to combine the several phases of public health nursing in the work of one individual. His strong plea for nurses and more nurses to be supported for this service, and that money spent in this way was money well-spent, already has its effect in this district. At four o'clock Dr. Emerson addressed the staff of the

Association, also students and social workers. In the evening he addressed a representative group of the Allegheny County Medical Society and medical students from the University.

Mrs. Wm. B. Schiller, president of the Association, presided at the luncheon. Dr. C. J. Vaux, new Health Commissioner of the city, introduced Dr. Emerson. Miss Nan L. Dorsey, Director of the Association, gave a narrative report of the year's work, stating that in the 18 months the staff had been doubled, numbering in 1921, 67 nurses; the number of patients in 1921 were 14,750 as against 10,826 patients in 1920; the number of visits were 142,886 as against 108,690 in 1920. The report told of the personnel work combined with the class work, for the entire staff. Mrs. Florence B. Downing, formerly with the Pennsylvania-Delaware Division of the American Red Cross, has been appointed to this place. It is proving to be of the greatest value in developing stability, intelligent service, and an ardent desire on the part of the nurses not alone to give their best service, but to study, to read, to learn to work out things for themselves with a great deal more confidence in their own efforts.

The Infant Welfare Division established this year has opened seven conference stations. The pediatricians of the city have formed a staff who give their services to the Conference work.

Communicable disease nursing has been undertaken by the Association during the latter part of 1921.

Through an affiliation with the Pittsburgh Chapter American Red Cross and the Tuberculosis League, the Association is extending its services into the County. This is a full-time service and a part-time service. The latter is established in those communities where there are not sufficient funds but where, the Association feels, if a certain amount of work could be done it would be an incentive to raise sufficient funds for a community nurse. As a result of

this effort the Christmas Seal Sales brought larger returns, and Red Cross funds were available. It is hoped that as rapidly as the Association can prepare nurses, services can be established by the Association, thus standardizing public health nursing throughout Allegheny County.

The Association established a Teaching Center a year and half ago, where seven local hospital training schools are sending their senior students for a period of three months. The Center is also used by the University for the field experience of the students taking the special Course, under the direction of Miss Elizabeth Cannon, who is Director of the Course at the University.

The Association during this past year has opened, through the generosity of Mrs. Wm. B. Schiller and her friends, a complete, fully equipped Health Center in Braddock, Mrs. Schiller herself giving personal attention and time to every detail, the Association simply being the agent. This is the second Station that has been opened in an industrial center, and both of them are just as active and busy as they can be and developing into the most interesting work, having long passed the experimental stage into permanent functioning community activities.

## NOTES FROM THE STATES

### *Illinois*

A six weeks course in Orthopedic Nursing will be given by the Committee on After-care and Study of Infantile Paralysis of the Visiting Nurse Association of Chicago, to graduate nurses, from April 17th through May 27th, 1922. The course will be under the supervision of the Medical Sub-Committee; and students will be under the direct supervision of Vivian E. Lawrence, R. N., Supervisor.

While the course is intended primarily for Public Health Nurses who wish to learn something about the home supervision and care of crippled children, other graduate nurses



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## NOTES FROM THE STATES

(Continued from Page 218)

who meet the requirements will be admitted.

### Massachusetts

A series of demonstrations of the Schick test are being made in various towns under a joint plan in which the Massachusetts Medical Society, the local board of health, and the State Department of Public Health are co-operating. Sixteen such demonstrations have already been carried out, while in sixteen other communities permanent Schick clinics have already been established which have reached approximately 25,000 individuals at the present writing.

The Mid-Winter Meeting of the Massachusetts State Nurses' Association was held in Boston on February 18th, 1922. The Public Health Section was presided over by Zepha M. Gardner. An address on Importance of Psychiatry for the Nurse was given by Dr. C. Macfie Campbell, Director Boston Psychopathic Hospital.

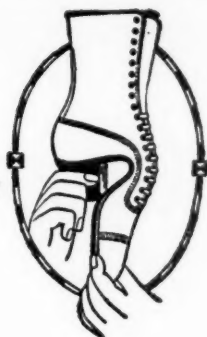
### Michigan

The Weekly Health Review of the Detroit Department of Health, under the heading "Greetings to the Health Courier!" writes as follows:

During the first half of the year 1921 there were 30 nurses assigned to health service in two-thirds of the schools, public and parochial. Since September there have been 60 nurses detailed to this service, and all schools have been covered. As a rule a nurse has four schools to look after. Clinics are held three times weekly in a dozen schools and daily in all others, and to these clinics are sent children who show symptoms of illness.

Detroit parents owe a vote of thanks and encouragement to these Health Couriers in Gray for their vigilance and fidelity. During 1921, 13,922 children have been discovered in the schools with some form of communicable infection, and by visiting the homes of children absent from school because of illness, 1078 cases of this nature were disclosed. If the nurses had not been present in the schools to unearth contagion in its early stage, frequent epidemic occurrences would have been probable. As it is, no school has had to be closed this year because of excessive prevalence of disease.

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## NOTES FROM THE STATES

*(Continued from Page 8)*

### *South Carolina*

The South Carolina Public Health Institute was held in Columbia, January 9th to 14th, by the State Board of Health in co-operation with the U. S. Public Health Service. Dr. C. V. Akin of the U. S. Public Health Service acted as Director.

On the fourth day of the meeting Nurses' Round Tables were held, about twenty nurses being present. The morning session was confined to school nursing, the afternoon to rural nursing.

Writing of this Institute, Miss Stella Fuller says:

"The Institutes put on by the U. S. P. H. S. with the Health Departments seem to me a very splendid means of distributing health education to the general public, and an excellent opportunity for health workers to keep in touch with the latest and best ideas in public health."

These Institutes are being held in all parts of the country. Full particulars and programs may be obtained from the U. S. Public Health Service, Washington, D. C.

### *Wisconsin*

Two special activities for the promotion of the welfare and hygiene of maternity and infancy, provided for by the Sheppard-Towner Act, are to be initiated in Wisconsin during the near future. These are: a Traveling Child Health Center, the 'Child Welfare Special'; and Maternity Centers.

The Child Welfare Special will visit six or seven counties during 1922. It has been planned specially to give service to the rural population, and will not stop in communities of over 2000 and preferably not in those of over 1000. The staff to operate this truck will be small, comprising a woman physician skilled in pediatrics; a nurse; and an expert chauffeur. A county having had a Public Health Nurse at work long enough to have become acquainted with the county's needs will be favored over counties not provided with one.

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